

849374

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Annual Report
Filed on 5-1-94

2 pgs.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 MAY -1 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
WAL-MART STORES, INC.

DOCUMENT #
849374 (4)

Mailing Address
P.O.-BOX-110
TAX DEPARTMENT
BENTONVILLE AR 72716-
US

Principal Place of Business
P.O.-BOX-110
TAX DEPARTMENT
BENTONVILLE AR 72716-
US

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date incorporated or Qualified **06/08/1981** 3a. Date of Last Report **05/01/1993**

2. Mailing Address
21 **DEPT 8013**

2a. Principal Place of Business
26 **DEPT 8013**

4. FEI Number
71-0415188

Applied For
Not Applicable

22 State, Apt. #, etc.
27

26 State, Apt. #, etc.
27

5. Certificate of Status Desired
\$8.75 Additional Filing Fee
7. Nonprofit Exempt from \$138.75 Supplemental Fee

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

23 City & State
28

27 City & State
28

8. This corporation has liability for intangible tax under Florida Statutes Yes No

24 **72716-8013** 25

Country

29 **72716-8013** 30

Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Acceptance: NOTE: Registered Agent signature required when reinstating.

12. ~~SEE ATTACHED~~ OFFICERS AND DIRECTORS

11 TITLE	AS
12 NAME	MELTON, SCOTT
13 STREET ADDRESS	44 STONE BRIDGE WAY
14 CITY, ST, ZIP	BENTONVILLE AR
21 TITLE	D
22 NAME	BANKS, DAVID R.
23 STREET ADDRESS	873 S FAIR OAKS AVE
24 CITY, ST, ZIP	PASADENA CA
31 TITLE	D
32 NAME	WALTON, JAMES L
33 STREET ADDRESS	702 S W 8TH STREET
34 CITY, ST, ZIP	BENTONVILLE, ARK 0
41 TITLE	D
42 NAME	SHEWMAKER, JACK
43 STREET ADDRESS	702 S W 8TH STREET
44 CITY, ST, ZIP	BENTONVILLE, ARK 0
51 TITLE	P/D
52 NAME	GLASS, DAVID D.
53 STREET ADDRESS	702 S W 8TH STREET
54 CITY, ST, ZIP	BENTONVILLE, ARK 0
61 TITLE	S
62 NAME	RHOADS, ROBERT K.
63 STREET ADDRESS	702 S W 8TH STREET
64 CITY, ST, ZIP	BENTONVILLE, ARK 0

13. ~~SEE CHANGES TO~~ OFFICERS AND DIRECTORS IN '92

11 TITLE	TERR: L BERTSCHY
12 NAME	TERR: L BERTSCHY
13 STREET ADDRESS	1108 S.E. 10th STREET
14 CITY, ST, ZIP	BENTONVILLE, AR 72716-8013
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a report of non-compliance with Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature will have the same legal effect as if made under oath, empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE **James A Walker, Jr** **JAMES A WALKER, JR** 4-19-94 501 273-4789
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR V.P. Controller