Public Access System

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To:

Division of Corporations

Fax Number

: (850)205~0380

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

; (850)222-1092 Phone Pax Number (850) 222-9428

REGISTERED AGENT CHANGE

WAL-MART STORES, INC.

Certificate of Status	0
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Corporate Filing

Public Access Help

3/29/04

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 007.1508. Or 017.1508, Florida Statutes.
		rganized under the laws of the State of office or registered agent, or both, in the State
	umike in tegminten	file of regulered again or bound in the order
of Florida. 1. The name of the corporation: We	al-Mart Stores Inc.	
2. The principal office address: 70	2 SW 8th Street, Bentony	ille, AR 72716
3. The mailing address (if different	):	
4. Date of incorporation/qualification	on: June 8, 1981	Document number: 849374
5. The name and street address of t Florida Department of State:	-	agent and registered office on file with the
<u> </u>	Corporation Service	Сотралу
	1201 Hays St	reet
	Tallahassec, FL 32	301-2525
6. The name and sweet address of changed):	f the new registered	agent (if changed) and /or registered office (i
	CT Corporation	System
· · · · · · · · · · · · · · · · · · ·	c/o C T Corporation	n System
	(P.O. Box or personal mailbox	
1200 90	outh Pine Island Road, Ple	intation, Florida 33324
The street address of its registered agent, as changed will be identical	office and the street	address of the business office of its registered
Such change was enthorized by re authorized by the heard, or the con	solution duly adopted poration has been no	d by its board of directors or by an officer so diffied in writing of the change Astronathan L. Miles. Secretary
(Signature of an otletor, churman or vice charman	···	(Princed or typed name and una)
I hereby accept the appointment a Liuther agree to comply with the performance of my duties, and I a registered agent. Or, if this document office address, I hereby confirm the CT Corporation System	s registered agent ar provisions of all stat in familiar with and a ment is being filed me hat the corporation h	id agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as erely to reflect a change in the registered as been notified in writing of this change.
By:UN, D, Recen	<u> </u>	March 29, 2004
(Signative of Regimered Age	nt)	(Date)
If signing on behalf of an entity:		
M. S. Green (Typed or Frigated Name)		Assistant Secretary
	A. d. a	(Capacity)
	* * * FILING FEE:	\$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314