

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004913

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: BANK OF THE OZARKS

## Current Principal Place of Business:

12615 CHENAL PARKWAY  
LITTLE ROCK, AR 72211

## New Principal Place of Business:

17901 CHENAL PARKWAY  
ROOM 340  
LITTLE ROCK, AR 72223

## Current Mailing Address:

P.O. BOX 8811  
LITTLE ROCK, AR 722318811

## New Mailing Address:

P.O. BOX 242208  
LITTLE ROCK, AR 72223

FEI Number: 71-0130170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUITVE PARK DR STE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HASTINGS, SCOTT  
Address: 12615 C HENEL PKWY  
City-St-Zip: LITTLE ROCK, AR 72211

Title: CD ( ) Delete  
Name: GLEASON, GEORGE G  
Address: P.O. BOX 8811  
City-St-Zip: LITTLE ROCK, AR 72231

Title: D ( ) Delete  
Name: GLEASON, LINDA D  
Address: 126 HICKORY CREEK CIRCLE  
City-St-Zip: LITTLE ROCK, AR 72212

Title: D ( ) Delete  
Name: ROSS, MARK D  
Address: P.O. BOX 8811  
City-St-Zip: LITTLE ROCK, AR 752238811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HASTINGS, SCOTT  
Address: 17901 CHENAL PARKWAY  
City-St-Zip: LITTLE ROCK, AR 72223

Title: CD (X) Change ( ) Addition  
Name: GLEASON, GEORGE G  
Address: 17901 CHENAL PARKWAY  
City-St-Zip: LITTLE ROCK, AR 72223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROSS, MARK D  
Address: 17901 CHENAL PARKWAY  
City-St-Zip: LITTLE ROCK, AR 75223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT HASTINGS

P

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date