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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004886 (8)

1. Corporation Name
ARKANSAS CLAIMS MANAGEMENT, INC.



Principal Place of Business: DEPT 8013 BENTONVILLE AR 72716-8013 US
Mailing Address: DEPT 8013 BENTONVILLE AR 72716 US

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields including Suite, City, State, Zip, and Country.

4. FEI Number: 71-0738006
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: 12. OFFICERS AND DIRECTORS (with DELETE checkbox) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (with Change/Addition checkboxes). Rows include Carter, Paul; Newberg, William E; Rhoads, Robert K; Williams, Ronald A; Bailey, Stuart; Devore, Mardis.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (with Change/Addition checkboxes). Rows include See Attached List.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mardis Devore (Signature) MARDIS DEVORE (Printed Name) 4/22/97 (Date) (501)277-2745 (Daytime Phone #)

CR2E034 (9/96)

**Claims Management, Inc.
Directors & Officers**

Paul R. Carter
Director

702 S.W. 8th Street
Bentonville, AR 72716

William E. Newberg
Director

702 S.W. 8th Street
Bentonville, AR 72716

Robert K. Rhoads
Director

702 S.W. 8th Street
Bentonville, AR 72716

Ronald A. Williams
Director

702 S.W. 8th Street
Bentonville, AR 72716

Stuart Bailey
President

702 S.W. 8th Street
Bentonville, AR 72716

Mardis DeVore
Vice President

702 S.W. 8th Street
Bentonville, AR 72716

Dan Filla
Treasurer/Secretary

702 S.W. 8th Street
Bentonville, AR 72716