

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004886 (8)**  
 1. Corporation Name  
**ARKANSAS CLAIMS MANAGEMENT, INC.**



Principal Place of Business <b>DEPT 8013 BENTONVILLE AR 72716-8013 US</b>	Mailing Address <b>DEPT 8013 BENTONVILLE AR 72716-8013 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1993</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>71-0738006</b>	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Signature, typed or printed name of registered agent and title, if applicable				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, PAUL</b>	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	<b>ROUTE 4</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BENTONVILLE AR</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWBERG, WILLIAM E</b>	2.2 NAME	
STREET ADDRESS	<b>127 WOLF ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROGERS AR</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHOADS, ROBERT K</b>	3.2 NAME	
STREET ADDRESS	<b>631 WILLOW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE AR</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, RONALD A</b>	4.2 NAME	
STREET ADDRESS	<b>902 LAKEVIEW DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROGERS AR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, STUART</b>	5.2 NAME	
STREET ADDRESS	<b>5428 W. MAGNOLIA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROGERS AR</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVORE, MARDIS</b>	6.2 NAME	
STREET ADDRESS	<b>1810 CLARK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BENTONVILLE AR</b>	6.4 CITY-ST-ZIP	

14. I 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-I changed, or on an attachment with an address.

SIGNATURE: *Stuart D. Bailey* **4-20-98**

CR2E034 (10/97)

**Claims Management, Inc.  
Officers**

Stuart A. Bailey  
President

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

Mardis E. DeVore  
Vice President

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

Steve P. Carter  
Vice President

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

Dave Lehenbauer  
Secretary & Treasurer

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

**Claims Management, Inc.  
Directors**

Charles Rateliff  
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

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Bentonville, AR 72716