2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000004886

1. Entity Name

ARKANSAS CLAIMS MANAGEMENT, INC.



FILED

May 04, 2004 8:00 am Secretary of State

479-277-9093 Daytime Phone:

05-04-2004 90210 034 ***150.00

Principal Place of Business Mailing Address 44044167 702 SW 8TH STREET 702 SW 8TH STREET #0555 #0555 BENTONVILLE, AR 72716-0555 US BENTONVILLE, AR 72716-0555 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 71-0738006 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President and CEO PCEO TITLE Delete TITLE ☐ Change NoitibbA (X David M. Redfield 702 S.W. 8th Street FILLA, DANIEL J NAME NAME 702 SW 8TH STREET STREET ADDRESS STREET ADDRESS Bentanuille, AR 72716 BENTONVILLE, AR 72716 CITY-ST-7IP CITY-ST-ZIP Vice President and Secretary TITLE TITLE Delete Change Addition K. Max Koonce ESPINOZA, ELIZABETH NAME NAME 702 S.W. 8th Street STREET ADDRESS 702 SW 8TH STREET STREET ADDRESS BENTONVILLE, AR 72716 CITY-ST-7IP Bentonville, AR 72716 CITY-ST-7IP TITLE ' Delete TITLE See Attacked List ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -- -☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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Claims Management, Inc. Director & Officers List

David M. Redfield Sole Director, President & CEO

K. Max Koonce, II Vice President & Secretary

Paula L. Carollo Vice President, Treasurer & CFO

Jennifer A. Gray Vice President

Kimberly A. Holiday Vice President 702 SW 8th Street Bentonville, AR 72716

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