


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90108 005 \*\*\*150.00

**DOCUMENT # F93000004886**  
 1. Entity Name  
**ARKANSAS CLAIMS MANAGEMENT, INC.**



Principal Place of Business 702 SW 8TH STREET #0555 BENTONVILLE, AR 72716-0555 US	Mailing Address 702 SW 8TH STREET #0555 BENTONVILLE, AR 72716-0555 US
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**50049346**

**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0738006</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO REDFIELD, DAVID 702 SW 8TH STREET BENTONVILLE, AR 72716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KOONCE, K. MAX 702 SW 8TH STREET BENTONVILLE, AR 72716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTC CAROLLO, PAULA L 702 SW 8TH STREET BENTONVILLE, AR 72716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, JENNIFER A 702 SW 8TH STREET BENTONVILLE, AR 72716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLIDAY, KIMBERLY A 702 SW 8TH STREET BENTONVILLE, AR 72716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*See Attached List*

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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.

SIGNATURE: Paula L. Carollo 4-28-05 479-277-9176  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

52049346  
# F93060004886

**Claims Management, Inc.  
Director & Officers List**

David M. Redfield  
Sole Director, President & CEO

702 SW 8th Street  
Bentonville, AR 72716

K. Max Koonce, II  
Vice President & Secretary

702 SW 8th Street  
Bentonville, AR 72716

Paula L. Carollo  
Vice President, Treasurer & CFO

702 SW 8th Street  
Bentonville, AR 72716

Jennifer A. Gray  
Vice President

702 SW 8th Street  
Bentonville, AR 72716

Kimberly A. Holiday  
Vice President

702 SW 8th Street  
Bentonville, AR 72716