

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2011
Secretary of State

Entity Name: ARKANSAS CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

702 SW 8TH STREET
MS #0555
BENTONVILLE, AR 727160555 US

New Principal Place of Business:

702 SW 8TH STREET
DEPT. 8687, M.S. #0555
BENTONVILLE, AR 72716 US

Current Mailing Address:

702 SW 8TH STREET
MS #0555
BENTONVILLE, AR 727160555 US

New Mailing Address:

702 SW 8TH STREET
DEPT. 8687, M.S. #0555
BENTONVILLE, AR 72716 US

FEI Number: 71-0738006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: KOONCE, K. MAXWELL
Address: 702 SW 8TH STREET DEPT. 8687, M.S. #0555
City-St-Zip: BENTONVILLE, AR 72716 US

Title: ST
Name: HOLIDAY, KIM A
Address: 702 SW 8TH STREET DEPT. 8687, M.S. #0555
City-St-Zip: BENTONVILLE, AR 72716 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

03/19/2011

Electronic Signature of Signing Officer or Director

Date