

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McRhem</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000369 (8)**  
 1. Corporation Name  
**SAM'S PW, INC.**



Principal Place of Business <b>DEPT. 8013 BENTONVILLE AR 72716-8013</b>	Mailing Address <b>DEPT. 8013 BENTONVILLE AR 72716</b>
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3. Date Incorporated or Qualified <b>01/25/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number <b>71-0747190</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, PAUL R</b>	
STREET ADDRESS	<b>702 SW 8TH STREET</b>	
CITY - ST - ZIP	<b>BENTONVILLE AR 72718</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASS, DAVID D.</b>	
STREET ADDRESS	<b>1511 NE 10TH</b>	
CITY - ST - ZIP	<b>BENTONVILLE AR 72712</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, BOBBY L</b>	
STREET ADDRESS	<b>1803 CONCORD</b>	
CITY - ST - ZIP	<b>LOWELL AR 72745</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MELTON, J S</b>	
STREET ADDRESS	<b>11 STONEBRIDGE WAY</b>	
CITY - ST - ZIP	<b>BENTONVILLE AR 72712</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>RHOADS, ROBERT K</b>	
STREET ADDRESS	<b>631 WILLOW</b>	
CITY - ST - ZIP	<b>FAYETTEVILLE AR 72701</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:** James A. Walker, Jr **SIGNATURE REQUIRED** JAMES A. WALKER, JR **4/22/97** **(601) 277-2765**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**0628019**

CR2E034 (9/96)

**Sam's PW, Inc.  
Officers**

David D. Glass  
President and CEO

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

James A. Walker, Jr.  
Senior Vice President and Controller

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

Robert K. Rhoads  
Senior Vice President  
General Counsel and Secretary

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

Terri Bertschy  
V.P./Treasurer

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

**Directors**

Paul R. Carter  
President Wal-Mart Realty

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