

UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90055 018 ***150.00

DOCUMENT # F95000002646

Entity Name
FINANCIAL HUMAN RESOURCES, INC.

| | |
|--|---|
| Principal Place of Business FINANCIAL CENTRE SHACKLEFORD, STE 141 ROCK AR 72211 | Mailing Address ONE FINANCIAL CENTRE 650 S. SHACKLEFORD, STE 141 LITTLE ROCK AR 72211-3560 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--------------------|
| Principal Place of Business | 3. Mailing Address |
|-----------------------------|--------------------|

| | |
|--------------------|---------------------|
| City, Apt. #, etc. | Suite, Apt. #, etc. |
|--------------------|---------------------|

| | | |
|--------------|---------------------------------|--|
| City & State | 4. FEI Number 71-0747451 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|---------------------------------|--|

| | | | |
|---------|-----|---------|---|
| Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------|-----|---------|---|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| OFFICERS AND DIRECTORS | |
|---|--|
| D ELEY, REX ONE FINANCIAL CENTRE, STE 141 LITTLE ROCK AR | <input checked="" type="checkbox"/> Delete |
| D FUNK, ROBERT A 6300 NW EXPRESSWAY OKLAHOMA CITY OK | <input checked="" type="checkbox"/> Delete |
| D STOLLER, WILLIAM 621 SW MORRISON, SUITE 500 PORTLAND OR | <input checked="" type="checkbox"/> Delete |
| PD GILLOGLY, DAVID 6300 NW EXPRESSWAY OKLAHOMA CITY OK | <input checked="" type="checkbox"/> Delete |
| ST RICHARDS, TOM 6300 NW EXPRESSWAY OKLAHOMA CITY OK | <input checked="" type="checkbox"/> Delete |
| CFO BLOUGH, DEBBIE E 13819 NAPOLEON RD. LITTLE ROCK AR 72211 | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| PD NAME: Gregory H. Browne STREET ADDRESS: 818 Howard St CITY-ST-ZIP: New Orleans, LA 70113 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| COO NAME: Barry I. Carlson STREET ADDRESS: 650 S. Shackelford #141 CITY-ST-ZIP: Little Rock, AR 72211 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/00**

Daytime Phone #: **501-221-2503**

CR2E034 (9/99)