


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006502
 1. Entity Name
MERCANTILE LOGISTICS COMPANY OF OHIO, INC.



Principal Place of Business Mailing Address
1600 CANTRELL RD **1600 CANTRELL RD**
LITTLE ROCK, AR 72201 **LITTLE ROCK, AR 72201**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1464364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000548078
05/12/06-80047-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DILLARD, WILLIAM H P O BOX 486 LITTLE ROCK, AR 72203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLARD, ALEX P O BOX 486 LITTLE ROCK, AR 72203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SCHROEDER, PAUL JR P O BOX 486 LITTLE ROCK, AR 72203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FREEMAN, JAMES I P O BOX 486 LITTLE ROCK, AR 72203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERRY, JR, JAMES W 1600 CANTRELL RD LITTLE ROCK, AR 72203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NELSON, STEVEN K 1600 CANTRELL RD LITTLE ROCK, AR 72203

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Phillip R. Watts** **4/28/06** **501 376 5544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #