


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90151 024 ***50.00

DOCUMENT # M02000002710	
1. Entity Name WAL-MART.COM USA, LLC	

Principal Place of Business 7000 MARINA BLVD. BRISBANE, CA 94005	Mailing Address 702 SW 8TH ST #0555-TAX DEPT. BENTONVILLE, AR 72716-0555
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24064527



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 48-1279130	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOEWE, THOMAS M 702 SW 8TH STREET BENTONVILLE, AR 72716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FLEMING, JOHN E 702 SW 8TH ST, #0555 BENTONVILLE, AR 727160555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HYDE, THOMAS D 702 SW 8TH ST, #0555 BENTONVILLE, AR 727160555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAST, CARTER A 702 SW 8TH ST, #0555 BENTONVILLE, AR 727160555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SITZSIMMONS, JOSEPH 702 SW 8TH ST, #0555 BENTONVILLE, AR 727160555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fitzsimmons, Joseph
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLEY, CHARLES M 702 SW 8TH ST, #0555 BENTONVILLE, AR 727160555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **4/8/04** **479-277-9093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

24064824

#M02000002710

WAL-MART.COM USA, LLC

Each of the following Managers may be reached at:

Wal-Mart.Com USA, LLC
702 SW 8th Street, #0555
Bentonville, AR 72716-0555

MANAGERS

Thomas M. Schoewe

John E. Fleming

Thomas D. Hyde

John D. Bax

Carter A. Cast

Joseph J. Fitzsimmons

Charles M. Holley

Thomas A. Mars

Rick W. Brazile

David L. Bullington

Allison D. Garrett