

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90213 045 \*\*\*150.00

**DOCUMENT # P34911**

1. Entity Name

TREADCO, INC.

Principal Place of Business

Mailing Address

1000 SOUTH 21ST STREET  
 FT. SMITH AR 72901  
 US

PO BOX 10048  
 FT. SMITH AR 72917-0048  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0706271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A., III	NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, JOHN R.	NAME	
STREET ADDRESS	1101 SOUTH 21 STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL V.	NAME	
STREET ADDRESS	1101 SOUTH 21 STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	ASSISTANT VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, LAVON	NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72903	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEFFLER, DAVID E.	NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD F	NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	CITY-ST-ZIP	

13. 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:

*J. Lavon Morton*

J. LAVON MORTON

4/11/00

501-494 6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)