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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36128

(7)

1. Corporation Name

MEMBER BENEFIT SERVICES, INC.

Principal Place of Business

12965 WISHING SPRING RD.
BENTONVILLE AR 72712
US

Mailing Address

P.O. BOX 1760
BENTONVILLE AR 72712-1760

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 13016 N. Walton Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Bentonville AR

28

Zip

Country

Zip

Country

24 72712

25

US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIRECT EFFECT MKTG/GLEN KELLY
4566 HIDDENVIEW PL
SARASOTA FL 34235

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTC ☐ DELETE

NAME SOOTER, JOHN W.

STREET ADDRESS 606 ENFIELD

CITY-ST-ZIP BENTONVILLE AR

TITLE S ☒ DELETE

NAME NEAL, DANETTA

STREET ADDRESS RT. 12 BOX 60

CITY-ST-ZIP BENTONVILLE AR

TITLE D ☐ DELETE

NAME UHLEMAYER, GARY

STREET ADDRESS 10825 WATSON ROAD

CITY-ST-ZIP ST. LOUIS MO

TITLE V ☐ DELETE

NAME RAY, BONNIE M.

STREET ADDRESS P.O. BOX 1817

CITY-ST-ZIP BENTONVILLE AR

TITLE VP ☐ DELETE

NAME PROFFER, RONALD F.

STREET ADDRESS 9 MISSION HILLS

CITY-ST-ZIP ROGERS AR

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

~~NOT REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/97

501-273-1333

CR2E034 (9/96)