

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P36128

1. Entity Name

MEMBER BENEFIT SERVICES, INC.



Principal Place of Business

13016 N WALTON BLVD
BENTONVILLE, AR 72712 US

Mailing Address

P.O. BOX 1760
BENTONVILLE, AR 72712

DO NOT WRITE IN THIS SPACE

06082004 No Chg-P CR2E034 (10/03)

4. FEI Number

71-0674758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, GLENN
6800 SHETLAND WAY
SARASOTA, FL 34241

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

6-25-04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CT
SOOTER, JOHN W.
606 ENFIELD
BENTONVILLE, AR

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SOOTER, CHRIS W
22 VALLEY VIEW CIRCLE
BENTONVILLE, AR 72712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HOPKINS, JESSE S
602 CHATEAU DR.
ROGERS, AR 72756

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000171191
08/30/04-60008-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris W Sooter

8/9/04 4792731333

Date

Daytime Phone #