2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004913

1. Entity Name
BANK OF THE OZARKS

Principal Place of Business	Mailing Address
12615 CHENAL PARKWAY LITTLE ROCK, AR 72211	P.O. BOX 8811 LITTLE ROCK, AR 72231-8811

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0130170

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUITVE PARK DR STE 4
WESTON, FL 33331

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HASTINGS, SCOTT
STREET ADDRESS	12615 C HENEL PKWY
CITY-ST-ZIP	LITTLE ROCK, AR 72211
TITLE	CD
NAME	GLEASON, GEORGE G
STREET ADDRESS	P.O. BOX 8811
CITY-ST-ZIP	LITTLE ROCK, AR 72231
TITLE	D
NAME	GLEASON, LINDA D
STREET ADDRESS	126 HICKORY CREEK CIRCLE
CITY-ST-ZIP	LITTLE ROCK, AR 72212
TITLE	D
NAME	ROSS, MARK D
STREET ADDRESS	P.O. BOX 8811
CITY-ST-ZIP	LITTLE ROCK, AR 752238811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/23/08 501-448-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #