

**2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M02000000296

**Entity Name:** WSE MANAGEMENT, LLC

**Current Principal Place of Business:**

702 SW 8TH STREET  
BENTONVILLE, AR 72716

**Current Mailing Address:**

702 SW 8TH STREET  
BENTONVILLE, AR 72716 US

**FEI Number:** 71-0862403

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SKINNER, TIM  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT/CEO  
Name SKINNER, TIM  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT  
Name JOHN, SCUDDER  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title SVP & SECRETARY  
Name ALLISON, GORDON Y  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title VP/SECRETARY  
Name RANCHER, JESSICA  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title SVP & ASSISTANT TREASURER  
Name COOK, MICHAEL  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title VP & ASSISTANT TREASURER  
Name ALLEN, MATTHEW  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title ASST SECRETARY  
Name READING, DAVID  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLISON , GORDON Y

**SVP & SECRETARY**

**05/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VP/SECRETARY
Name	EDWARDS, GEOFFREY
Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716