

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 849374

Entity Name: WALMART INC.

**Current Principal Place of Business:**

708 SW 8TH STREET  
BENTONVILLE, AR 72716

**Current Mailing Address:**

708 SW 8TH STREET  
BENTONVILLE, AR 72716 US

FEI Number: 71-0415188

Certificate of Status Desired: No

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

C T 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: KATHERINE LACKEY, ASSISTANT SECRETARY

04/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            MCMILLON, CARL DOUG  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

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

Title            ASST. SECRETARY  
Name            LAZENBY, ANDREA A.  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            VP  
Name            WALKER, ANTHONY  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            DIRECTOR  
Name            PENNER, GREGORY  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            DIRECTOR  
Name            CASH, JAMES JR.  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            DIRECTOR  
Name            FLYNN, TIMOTHY  
Address        702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            DIRECTOR  
Name            HARRIS, CARLA  
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 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ANTHONY WALKER

VP

04/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HORTON, TOM  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name REINEMUND, STEVEN  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name WALTON, S. ROBSON  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name MAYER, MARISSA  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name SYSTROM, KEVIN  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name WALTON, STEUART  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716