

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004913

FILED
Apr 24, 2015
Secretary of State
CC5479265963

Entity Name: BANK OF THE OZARKS

Current Principal Place of Business:

17901 CHENAL PARKWAY
LITTLE ROCK, AR 72223

Current Mailing Address:

P.O. BOX 8811
LITTLE ROCK, AR 72231 US

FEI Number: 71-0130170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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

Officer/Director Detail :

Title CHAIRMAN, CEO
Name GLEASON, GEORGE G
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name GLEASON, LINDA D
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title COO
Name VANCE, TYLER
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title CFO
Name MCKINNEY, GREG
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR, CHIEF LENDING OFFICER
Name THOMAS, DAN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title SECRETARY
Name WHITE, KAREN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name AREHART, JEAN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name BROWN, NICHOLAS
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Continues on page 2

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: JOSEPH I. STRACK

EVP/TAX DIRECTOR

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CISNE, RICHARD
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name FREEDBERG, CATHERINE B. PHD
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name MARIANI, HENRY
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name QUALLS, R.L.
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name WEST-SCANTLEBURY, SHERECE DR.
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title OFFICER, EVP/TAX DIRECTOR
Name STRACK, JOSEPH I.
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name EAST, ROBERT
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name KENNY, PETER
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name PROOST, ROBERT
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name REYNOLDS, JOHN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name WHIPPLE, ROSS
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231