

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004913

FILED
Apr 18, 2023
Secretary of State
0443183885CC

Entity Name: BANK OZK

Current Principal Place of Business:

18000 CANTRELL ROAD
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 SECRETARY
Name BROWN, HELEN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

Title DIRECTOR
Name KOEFOED, WILLIAM
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

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

Title OFFICER, VP, PROPERTY AND
TRANSACTION TAX MANAGER
Name BAER, MARK
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

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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: MARK BAER

**SVP, DIRECTOR OF
PROPERTY/TRANSACTION
TAX**

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name EDWARDS, MELVIN
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

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

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

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

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

Title OFFICER
Name DIGSBY, ERIC
Address P.O. BOX 8811
City-State-Zip: LITTLE ROCK AR 72231

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

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

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