

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004913

**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