

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0696970
AB

05-05-2003 90255 001 ***150.00

DOCUMENT # 834579



1. Entity Name
MERCANTILE PROPERTIES, INC.

Principal Place of Business
**1600 CANTRELL RD
LITTLE ROCK AR 72201**

Mailing Address
**1600 CANTRELL RD
LITTLE ROCK AR 72201**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2814711**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DILLARD, WILLIAM II	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILLARD, ALEX	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SCHROEDER, PAUL JR	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	FREEMAN, JAMES I	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHERRY, JR, JAMES W	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NELSON, STEVEN K	
STREET ADDRESS	1600 CANTRELL RD	
CITY-ST-ZIP	LITTLE ROCK AR 72203	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Thayer R. White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (501) 376-5404
Date Daytime Phone #

CR2E034 (10/02)