

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836393 (9)

1. Corporation Name
MILLBROOK DISTRIBUTION SERVICES INC.

Principal Place of Business
HWY 43 COTTONWOOD RD
HARRISON AR 72601
US

Mailing Address
P.O. BOX 780
HARRISON AR 72602
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1976

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
41-0754020

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 405
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BERNSTEIN, RICHARD A
STREET ADDRESS 444 MADISON AVE STE 601
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE PD
NAME SIGEL, ROBERT A.
STREET ADDRESS RT 56 HUNTOON MEMORIAL HWY
CITY-ST-ZIP LEICESTER MA ☐ DELETE

TITLE SVP
NAME KOENECKE, ROGER
STREET ADDRESS RT 56 - HUNTOON MEMORIAL HWY
CITY-ST-ZIP LEICESTER MA ☒ DELETE

TITLE SVP
NAME KING, FREDERICK W.
STREET ADDRESS RT 56 HUNTOON MEMORIAL HWY
CITY-ST-ZIP LEICESTER MA ☐ DELETE

TITLE EVPD
NAME GROSSMAN, STEVEN M
STREET ADDRESS 444 MADISON AVE STE 601
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE SVPD
NAME COHEN, JAMES A
STREET ADDRESS 444 MADISON AVE STE 610
CITY-ST-ZIP NEW YORK NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)