

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850415 (1)

1. Corporation Name:

STEPHENS OVERSEAS SERVICES, INC.



Principal Place of Business

111 CENTER
SUITE 2500
LITTLE ROCK AR 72201

Mailing Address

111 CENTER
SUITE 2500
LITTLE ROCK AR 72201

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/18/1981

3a. Date of Last Report
03/22/1995

4. FEI Number
71-0465522

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WEEDON, GERALD W
231 E FORSYTH ST
JACKSONVILLE FL 32202

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 based on printed name of registered agent and identical applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	STEPHENS, WARREN A.	
STREET ADDRESS	111 E CAPITOL 111 Center St.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	DS	☐ DELETE
NAME	JACOBY, JON E.M.	
STREET ADDRESS	111 E CAPITOL 111 Center St.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	DP	☐ DELETE
NAME	BEARD, TOM	
STREET ADDRESS	950 E. PACES FERRY RD.	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	V	☐ DELETE
NAME	MARTIN, DOUGLAS H.	
STREET ADDRESS	3923 OAKWOOD RD.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	T	☐ DELETE
NAME	GASH, C. RAY	
STREET ADDRESS	3013 TIMBERCREEK DR.	
CITY-STATE-ZIP	N. LITTLE ROCK AR	
TITLE	AST	☐ DELETE
NAME	SCHULTE, ROBERT L.	
STREET ADDRESS	149 RIDGE	
CITY-STATE-ZIP	LITTLE ROCK AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Sect./Treasurer	☐ Change ☒ Addition
1.2 NAME	Michael B. Johnson	
1.3 STREET ADDRESS	111 Center Street	
1.4 CITY-STATE-ZIP	Little Rock, AR 72201	
2.1 TITLE	VP & General Counsel	☐ Change ☒ Addition
2.2 NAME	David A. Knight	
2.3 STREET ADDRESS	111 Center Street	
2.4 CITY-STATE-ZIP	Little Rock, AR 72201	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	C. Ray Gash	
3.3 STREET ADDRESS	(see Below)	
3.4 CITY-STATE-ZIP		
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Douglas H. Martin	
4.3 STREET ADDRESS	(See beside)	
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)