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

FILED Mar 26, 2002 8:00 am Secretary of State

DOCUMENT #	F01000000997	∇
1. Entity Name	101000111	J

1. Entity Name	n Structural Engi		19 <u>(</u>) _ L		. 03-26-2002 9000	9 038 ***150.00	
DO NOT WRITE IN THIS SPACE						B0050253		
2. Principal Place of Business 2. 1108 Poplar Place 2. Principal Place 3. Mailing Address 2. P.O. Box 75		6						
Suite, Apt. #, etc. Rogers, AR		Suite, Apt. #, etc. Rogers, AR	Suite, Apt. #, etc.		;	DO NOT WRITE IN THIS SPACE		
City & State		City & State	·		4. F	El Number 71-0794731	Applied For Not Applicable	
72756	Country : USA	Zip 72757-0756	Count	ry SA	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
	JODA	1,2,3, 0,30			7. Na	me and Address of Current Registe	red Agent	
7 ,	DO NOT W IN THIS SI		Street Add 1200	CT Corp. System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road				
	•			City Plar	ntatio	on F	L 3 3 3 2 4	
9. This corpo	Signature, typed or printed name of registered agen ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1 - M After May Amende Make Check Payal	lay 1 Fe 1, Fee i d UBR i	s \$550.00 s \$61.25	00	ninstating) DAT 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		7171.6					
TITLE NAME	President/Treas	irer	TITLE NAMI	I .				
STREET ADDRESS CITY - ST - ZIP	1100 South Tenth Street			ET ADDRESS - ST - ZIP				
TITLE	Vice-President/	Secretary	TITLE	i				
NAME STREET ADDRESS	Mark A. Smith		NAMI STRE	E Et address				
CITY-ST-ZIP	1307 Blue Quail Drive Bentonville, AR 72712			- ST - ZIP		<u> </u>		
TITLE			TITLE	:				
NAME			NAM	E ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	-			-ST-ZIP	. <u></u>	DO NOT WE	RIVE	
TITLE			TITLE			IN THIS SPA	ACE	
NAME	,		NAM					
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS - ST- ZIP				
TITLE			TITLE					
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		<u> </u>	TITLE				National Control of the Control of t	
NAME			NAM	,				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			CHY	-ST-ZIP			and if that the information	

e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director 3 required by Chapter 607, Florida Statutes; and that my pame appears in Block 11 or on an David Tarum—Resident 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the faceiver of trustale empowered attachment with an address, with all other his impowered

SIGNATURE: