## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # F01000002057 1. Entity Name 05-06-2002 90143 025 \*\*\*150.00 MERSCO REALTY CO., INC. Principal Place of Business Mailing Address 1600 CANTRELL ROAD 1600 CANTRELL ROAD LITTLE ROCK AR 72201 LITTLE ROCK AR 72201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-1086451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DILLARD, WILLIAM II NAME STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72201 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME DILLARD, ALEX NAME STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME SCHROEDER, PAUL J JR. NAME STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72201 CITY-ST-ZIP TITLE ☐ Delete VASD TITLE ☐ Change ☐ Addition NAME FREEMAN, JAMES I JR. NAME STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72201 CITY-ST-7IP TITLE **VTAS** Delete TITLE ☐ Change ☐ Addition HAWKINS, JOHN NAME STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72201 CITY-ST-ZIP Delete ☐ Change ■ Addition NAME CHERRY, JAMES W JR. STREET ADDRESS 1600 CANTRELL ROAD STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other

CITY-ST-ZIP

SIGNATURE:

LITTLE ROCK AR 72201

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #

CR2E034 (9/01