

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002558

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: CENTRAL ARKANSAS PAYROLL COMPANY

## Current Principal Place of Business:

1 SHACKEL FORD DRIVE, SUITE 400  
LITTLE ROCK, AR 72211

## New Principal Place of Business:

1 SHACKLEFORD DRIVE, SUITE 400  
LITTLE ROCK, AR 72211

## Current Mailing Address:

1 SHACKEL FORD DRIVE, SUITE 400  
LITTLE ROCK, AR 72211

## New Mailing Address:

1 SHACKLEFORD DRIVE, SUITE 400  
LITTLE ROCK, AR 72211

FEI Number: 74-2517189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: MORTON, LARRY E  
Address: 1 SHACKEL FORD DRIVE, SUITE 400  
City-St-Zip: LITTLE ROCK, AR 72211

Title: DV ( ) Delete  
Name: FESS, GREGORY E  
Address: 1 SHACKEL FORD DRIVE, SUITE 400  
City-St-Zip: LITTLE ROCK, AR 72211

Title: DS ( ) Delete  
Name: CHASTAIN, EMILIA  
Address: 1 SHACKEL FORD DRIVE, SUITE 400  
City-St-Zip: LITTLE ROCK, AR 72211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: FESS, GREGORY E  
Address: 1 SHACKLEFORD DRIVE, SUITE 400  
City-St-Zip: LITTLE ROCK, AR 72211

Title: DS (X) Change ( ) Addition  
Name: CHASTAIN, EMILIA  
Address: 1 SHACKLEFORD DRIVE, SUITE 400  
City-St-Zip: LITTLE ROCK, AR 72211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIA CHASTAIN

DS

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date