

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004394

FILED  
Apr 16, 2012  
Secretary of State

Entity Name: NORTH ARKANSAS WHOLESALE CO., INC.

**Current Principal Place of Business:**

702 SW 8TH STREET  
DEPT. 8687, M.S. #0555  
BENTONVILLE, AR 72716 US

**New Principal Place of Business:**

702 SW 8TH STREET  
BENTONVILLE, AR 72716 US

**Current Mailing Address:**

702 SW 8TH STREET  
DEPT. 8687, M.S. #0555  
BENTONVILLE, AR 72716 US

**New Mailing Address:**

702 SW 8TH STREET  
BENTONVILLE, AR 72716 US

FEI Number: 71-0477268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ROBERTS, KAREN PCEO  
Address: 702 SW 8TH STREET  
City-St-Zip: BENTONVILLE, AR 72716 US

Title: TVP  
Name: SANTORO, CATHRYN TVP  
Address: 702 SW 8TH STREET  
City-St-Zip: BENTONVILLE, AR 72716 US

Title: VPS  
Name: ALLISON, GORDON VPS  
Address: 702 SW 8TH STREET  
City-St-Zip: BENTONVILLE, AR 72716 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date