2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State F93000004886 DOCUMENT # 1. Entity Name 05-13-2002 90167 026 ***150.00 ARKANSAS CLAIMS MANAGEMENT, INC. Principal Place of Business Mailing Address 702 SW 8TH STREET 702 SW 8TH STREET #0555 #0555 BENTONVILLE AR 72716-0555 BENTONVILLE AR 72716-0555 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 71-0738006 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEPD TITLE X Delete TITLE Channe ☐ Addition Carter, Steve NAME STREET ADDRESS 702 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP **BENTONVILLE AR 72716** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME **DEVORE, MARDIS E** STREET ADDRESS STREET ADDRESS 702 SW 8TH STREET CITY-ST-ZIF CITY-ST-ZIP **BENTONVILLE AR 72716** TITLE ☐ Delete TITLE Change □ Addition NAME LEHENBAUER, DAVE NAME STREET ADDRESS STREET ADDRESS 702 SW 8TH STREET CITY-ST-ZIP CITY-ST-ZIP **BENTONVILLE AR 72716** ិ 1 Delete X Change TITLE VC00 TITLE ☐ Addition NAME FILA, DAN NAME STREET ADDRESS 702 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP **BENTONVILLE AR 72716** CITY-ST-ZIP **VCFO** ☐ Delete TITLE ☐ Change ☐ Addition ESPINOZA, ELIZABETH NAME STREET ADDRESS 702 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP BENTONVILLE AR 72716 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-7IP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/24/02

(479) 277-2765

Daytime Phone #

FILED

Attachment Doc# F93000004886/656525

Claims Management, Inc. Officer List

Daniel J. Filla

Sole Director, President, CEO & COO

702 SW 8th Street Bentonville, AR 72716

Elizabeth Espinoza

Vice President & CFO

702 SW 8th Street Bentonville, AR 72716

Mardis DeVore

Vice President & Chief Administrative Officer

702 SW 8th Street Bentonville, AR 72716

David Lehenbaur

Vice President, Chief Information Officer,

702 SW 8th Street Bentonville, AR 72716

Secretary and Treasurer

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entonyme, Art 12110