FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 2.14.96 B 1092 N/C

DOCUMENT # F93000005113 (6)

1. Corporation Name

LINK INVESTMENT SERVICES, INC.

Principal Place of Business: 111 CENTER STREET, LITTLE ROCK AR 72201

Mailing Address: 111 CENTER STREET, LITTLE ROCK AR 72201

3. Date Incorporated or Qualified: 11/12/1993

3a. Date of Last Report: 03/13/1995

4. FEI Number: 71-0737147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE __________ DATE __________

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	FELTUS, GREG		1.2 NAME
STREET ADDRESS	111 CENTER STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		1.4 CITY-ST-ZIP
TITLE	PD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	BOWDEN, LARRY W		2.2 NAME
STREET ADDRESS	111 CENTER STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		2.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	HINES, ZOE A		3.2 NAME
STREET ADDRESS	111 CENTER STREET		3.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		3.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	KNIGHT, DAVID A		4.2 NAME
STREET ADDRESS	111 CENTER STREET		4.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		4.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	SHELLABARGER, PHILLIP A		5.2 NAME
STREET ADDRESS	111 CENTER STREET		5.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		5.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	GRAY, ELLEN M		6.2 NAME
STREET ADDRESS	111 CENTER STREET		6.3 STREET ADDRESS
CITY-ST-ZIP	LITTLE ROCK AR		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/2/96 501 377-3786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)