

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002646

Entity Name

FINANCIAL HUMAN RESOURCES, INC.

**FILED**  
May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90055 018 \*\*\*150.00

Principal Place of Business Mailing Address  
FINANCIAL CENTRE ONE FINANCIAL CENTRE  
SHACKLEFORD, STE 141 650 S. SHACKLEFORD, STE 141  
LITTLE ROCK AR 72211 LITTLE ROCK AR 72211-3560

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0747451 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ELEY, REX ONE FINANCIAL CENTRE, STE 141 LITTLE ROCK AR	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Gregory H. Browne 818 Howard St New Orleans, LA 70113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FUNK, ROBERT A 6300 NW EXPRESSWAY OKLAHOMA CITY OK	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Barry I. Carlson 650 S. Shackelford #141 Little Rock, AR 72211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D STOLLER, WILLIAM 621 SW MORRISON, SUITE 500 PORTLAND OR	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD GILLOGLY, DAVID 6300 NW EXPRESSWAY OKLAHOMA CITY OK	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST RICHARDS, TOM 6300 NW EXPRESSWAY OKLAHOMA CITY OK	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CFO BLOUGH, DEBBIE E 13819 NAPOLEON RD. LITTLE ROCK AR 72211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

501-221-2503

CR2E034 (9/99)