FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000003862 (8)

1. Corporation Name
LSI FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
~~415 N. MCKINLEY, SUITE 1250~~ ~~LITTLE ROCK AR 72205~~	~~415 N. MCKINLEY, SUITE 1250~~ ~~LITTLE ROCK AR 72205-3000~~

3. Date Incorporated or Qualified: 08/09/1995
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business	2a. Mailing Address
21 17500 Chenal Parkway	26
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Little Rock, AR	City & State 28
Zip 24 72211 Country 25	Zip 29 Country 30

4. FEI Number: 95-2627155 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SAMBRANO, TIMOTHY S		1.2 NAME		
STREET ADDRESS	415 N MCKINLEY SUITE 1250		1.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LITTLE ROCK AR 72205		1.4 CITY-ST-ZIP		
TITLE	CCOO	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JAMES, DENNIS R		2.2 NAME		
STREET ADDRESS	415 N MCKINLEY SUITE 1250		2.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LITTLE ROCK AR 72205		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	SAMBRANO, ELLEN K		3.2 NAME		
STREET ADDRESS	415 N MCKINLEY SUITE 1250		3.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LITTLE ROCK AR 72205		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VP Finance	☐ Change ☒ Addition
NAME			4.2 NAME	Bob Whisnant	
STREET ADDRESS			4.3 STREET ADDRESS	17500 Chenal Parkway, Suite 200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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] 4-30-97 (501)821-5200