

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006502

1. Entity Name
MERCANTILE LOGISTICS COMPANY OF OHIO, INC.



Principal Place of Business
**1600 CANTRELL RD
LITTLE ROCK, AR 72201**

Mailing Address
**1600 CANTRELL RD
LITTLE ROCK, AR 72201**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1464364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000548078
05/12/06-80047-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CEO
DILLARD, WILLIAM H
P O BOX 486
LITTLE ROCK, AR 72203**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
DILLARD, ALEX
P O BOX 486
LITTLE ROCK, AR 72203**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPS
SCHROEDER, PAUL JR
P O BOX 486
LITTLE ROCK, AR 72203**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPAS
FREEMAN, JAMES I
P O BOX 486
LITTLE ROCK, AR 72203**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
CHERRY, JR, JAMES W
1600 CANTRELL RD
LITTLE ROCK, AR 72203**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
NELSON, STEVEN K
1600 CANTRELL RD
LITTLE ROCK, AR 72203**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip R. Watts

4/28/06

501 376 5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #