

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14662

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: MAIL CONTRACTORS OF ARKANSAS, INC.

## Current Principal Place of Business:

100 MORGAN KEEGAN DRIVE  
SUITE 200  
LITTLE ROCK, AR 72202 US

## New Principal Place of Business:

## Current Mailing Address:

100 MORGAN KEEGAN DRIVE  
SUITE 200  
LITTLE ROCK, AR 72202 US

## New Mailing Address:

FEI Number: 71-0638848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, MICHAEL R  
33 LANE AVE SOUTH  
JACKSONVILLE, FL 32254 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: BACHMAN, DAVID R  
Address: 100 MORGAN KEEGAN DR STE 200  
City-St-Zip: LITTLE ROCK, AR 72202

Title: C ( ) Delete  
Name: CODE, ANDREW W  
Address: 10 S WACKER DRIVE SUITE #3175  
City-St-Zip: CHICAGO, IL 60606

Title: VD ( ) Delete  
Name: LOBO, RICHARD A  
Address: 10 S WACKER DRIVE SUITE #3175  
City-St-Zip: CHICAGO, IL 60606

Title: P (X) Delete  
Name: SIEGFRIED, DAVID L  
Address: 100 MORGAN KEEGAN DRIVE # 200  
City-St-Zip: LITTLE ROCK, AR 72202

Title: T ( ) Delete  
Name: COLE, MICHAEL R  
Address: 100 MORGAN KEEGAN DRIVE #200  
City-St-Zip: LITTLE ROCK, AR 72202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LOBO, RICHARD A  
Address: 10 S WACKER DRIVE SUITE #3175  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. COLE

T

03/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date