

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90020 006 \*\*\*150.00

**DOCUMENT # P14662**

1. Entity Name  
**MAIL CONTRACTORS OF ARKANSAS, INC.**



Principal Place of Business  
**100 MORGAN KEEGAN DRIVE  
SUITE 200  
LITTLE ROCK, AR 72202 US**

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

**40018696**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02022005 Chg-P CR2E034 (10/03)

4. FEI Number  
**71-0638848**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                               |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           |                                 |  |
|----------------------------|-------------------------------|--|--|---|---------------------------|---------------------------------|--|
| TITLE                      | S                             | <input type="checkbox"/> Delete            |  | TITLE   | President                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | BACHMAN, DAVID R              |  |  | NAME  | Richard C. Clair          |                                 |  |
| STREET ADDRESS             | 100 MORGAN KEEGAN DR STE 200  |  |  | STREET ADDRESS  | 6508 Miami Bluff Drive    |                                 |  |
| CITY-ST-ZIP                | LITTLE ROCK, AR 72202         |  |  | CITY-ST-ZIP   | Marion, OH 45207          |                                 |  |
| TITLE                      | C                             | <input checked="" type="checkbox"/> Delete |  | TITLE   | Director                  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | CODE, ANDREW W                |  |  | NAME  | Kevin P. Collins          |                                 |  |
| STREET ADDRESS             | 10 S WACKER DRIVE SUITE #3175 |  |  | STREET ADDRESS  | 21 Old Hill Farm Road     |                                 |  |
| CITY-ST-ZIP                | CHICAGO, IL 60606             |  |  | CITY-ST-ZIP   | Westport, CT 06880        |                                 |  |
| TITLE                      | VP                            | <input checked="" type="checkbox"/> Delete |  | TITLE   | Director                  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | LOBO, RICHARD A               |  |  | NAME  | James W. Eckert           |                                 |  |
| STREET ADDRESS             | 10 S WACKER DRIVE SUITE #3175 |  |  | STREET ADDRESS  | 1061 West Sutton Court    |                                 |  |
| CITY-ST-ZIP                | CHICAGO, IL 60606             |  |  | CITY-ST-ZIP   | Palatine, IL 60067        |                                 |  |
| TITLE                      | T                             | <input type="checkbox"/> Delete            |  | TITLE   | Director                  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | COLE, MICHAEL R               |  |  | NAME  | Christopher H. Smith      |                                 |  |
| STREET ADDRESS             | 100 MORGAN KEEGAN DRIVE #200  |  |  | STREET ADDRESS  | 136 Southport Woods Drive |                                 |  |
| CITY-ST-ZIP                | LITTLE ROCK, AR 72202         |  |  | CITY-ST-ZIP   | Southport, CT 06490       |                                 |  |
| TITLE                      |                               | <input type="checkbox"/> Delete            |  | TITLE   | Director                  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       |                               |  |  | NAME  | Denis J. Taura            |                                 |  |
| STREET ADDRESS             |                               |  |  | STREET ADDRESS  | 90 Montadale Drive        |                                 |  |
| CITY-ST-ZIP                |                               |  |  | CITY-ST-ZIP   | Princeton, NJ 08540       |                                 |  |
| TITLE                      |                               | <input type="checkbox"/> Delete            |  | TITLE   |                           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                               |  |  | NAME  |                           |                                 |  |
| STREET ADDRESS             |                               |  |  | STREET ADDRESS  |                           |                                 |  |
| CITY-ST-ZIP                |                               |  |  | CITY-ST-ZIP   |                           |                                 |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael Cole Michael Cole 2-4-05 501-280-0700

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