# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P14662

1. Entity Name
MAIL CONTRACTORS OF ARKANSAS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 100 MORGAN KEEGAN DRIVE<br>SUITE 200<br>LITTLE ROCK, AR 72202 US | 100 MORGAN KEEGAN DRIVE<br>SUITE 200<br>LITTLE ROCK, AR 72202 US |

**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-P CR2E034 (11/05)

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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S |
| NAME | BACHMAN, DAVID R |
| STREET ADDRESS | 100 MORGAN KEEGAN DR STE 200 |
| CITY-ST-ZIP | LITTLE ROCK, AR 72202 |
| TITLE | D |
| NAME | COLLINS, KEVIN P |
| STREET ADDRESS | 21 OLD HILL FARM ROAD |
| CITY-ST-ZIP | WESTPORT, CT 06880 |
| TITLE | D |
| NAME | ECKART, JAMES W |
| STREET ADDRESS | 1061 WEST SUTTON COURT |
| CITY-ST-ZIP | PALATINE, IL 60067 |
| TITLE | T |
| NAME | COLE, MICHAEL R |
| STREET ADDRESS | 100 MORGAN KEEGAN DRIVE #200 |
| CITY-ST-ZIP | LITTLE ROCK, AR 72202 |
| TITLE | P |
| NAME | CLAIR, RICHARD C |
| STREET ADDRESS | 6508 MIAMI BLUFF DRIVE |
| CITY-ST-ZIP | MARIEMONT, OH 45227 |
| TITLE | D |
| NAME | SMITH, CHRISTOPHER H |
| STREET ADDRESS | 136 SOUTHPORT WOODS DRIVE |
| CITY-ST-ZIP | SOUTHPORT, CT 06490 |

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02/10/06-80016-009 150.00

**DO NOT WRITE 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:** R. C / Michael R. Cole, CFO 1/25/06 501-228-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #