

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90853 014 \*\*\*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
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**40093813**



2. Principal Place of Business - No P.O. Box # <b>3800 N. Rodney Parham Road</b>	3. Mailing Address <b>3800 N. Rodney Parham Road</b>
Suite, Apt. #, etc. <b># 301</b>	Suite, Apt. #, etc. <b># 301</b>

03282007 Chg-P CR2E034 (12/06)

City & State <b>Little Rock, AR</b>	City & State <b>Little Rock, AR</b>
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4. FEI Number <b>71-0638848</b>	Applied For Not Applicable
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Zip <b>72212</b>	Country <b>US</b>	Zip <b>72212</b>	Country <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BACHMAN, DAVID R</b> <b>100 MORGAN KEEGAN DR STE 200</b> <b>LITTLE ROCK, AR 72202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, KEVIN P</b> <b>21 OLD HILL FARM ROAD</b> <b>WESTPORT, CT 06880</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKART, JAMES W</b> <b>1061 WEST SUTTON COURT</b> <b>PALATINE, IL 60067</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COLE, MICHAEL R</b> <b>100 MORGAN KEEGAN DRIVE #200</b> <b>LITTLE ROCK, AR 72202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLAIR, RICHARD C</b> <b>6508 MIAMI BLUFF DRIVE</b> <b>MARIEMONT, OH 45227</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, CHRISTOPHER H</b> <b>136 SOUTHPORT WOODS DRIVE</b> <b>SOUTHPORT, CT 06490</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice Hull* *Janice Hull* 4-23-07 5012550678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #