

# 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 <b>100 MORGAN KEEGAN DRIVE SUITE 200 LITTLE ROCK, AR 72202 US</b>	Mailing Address <b>100 MORGAN KEEGAN DRIVE SUITE 200 LITTLE ROCK, AR 72202 US</b>
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**40093813**



2. Principal Place of Business - No P.O. Box # <b>3800 N. Rodney Parham Road</b> Suite, Apt. #, etc. <b>#301</b>	3. Mailing Address <b>3800 N. Rodney Parham Road</b> Suite, Apt. #, etc. <b>#301</b>
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03282007 Chg-P CR2E034 (12/06)

City & State <b>Little Rock, AR</b>	City & State <b>Little Rock, AR</b>
Zip <b>72212</b>	Zip <b>72212</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>71-0638848</b>	Applied For <input type="checkbox"/>
Not Applicable	

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

6. Name and Address of Current Registered Agent <b>C.T. CORPORATION-SYSTEM— 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3800 N. Rodney Parham Rd. Suite 301</b> <b>Little Rock, AR 72212</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 #