FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36128 (7)

1. Corporation Name
MEMBER BENEFIT SERVICES, INC.

Principal Place of Business	Mailing Address
3702 N. HWY. 71 BENTONVILLE AR 72712	P.O. BOX 1760 BENTONVILLE AR 72712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 71-0674758 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIRECT EFFECT MKTG/GLEN KELLY
4566 HIDDENVIEW PL
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	P,T,C	☒ Change ☐ Addition
NAME	SOOTER, JOHN W.	12 NAME		
STREET ADDRESS	P.O. BOX 155 N/A	13 STREET ADDRESS	606 Enfield	
CITY-ST-ZIP	BENTONVILLE AR	14 CITY-ST-ZIP	Bentonville, AR 72712	
TITLE	ST	21 TITLE	S	☒ Change ☐ Addition
NAME	SOOTER, JOHN W.	22 NAME	Duane A. Davis	
STREET ADDRESS	P.O. BOX 155 N/A	23 STREET ADDRESS	510 NW "D" APT #B	
CITY-ST-ZIP	BENTONVILLE AR	24 CITY-ST-ZIP	Bentonville, AR 72712	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	UHLEMEYER, GARY	32 NAME		
STREET ADDRESS	7710 CARONDELET AVE	33 STREET ADDRESS	10825 Watson Road	
CITY-ST-ZIP	ST LOUIS MO 63105	34 CITY-ST-ZIP	St. Louis, MO 63127	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	RAY, BONNIE M.	42 NAME		
STREET ADDRESS	3805 W. LOCUST	43 STREET ADDRESS		
CITY-ST-ZIP	ROBERS AR 72756	44 CITY-ST-ZIP	Rogers, AR 72756	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Allan Davis 5/1/95 (501) 273-1333
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490649 FH