FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P36128 (7)

1. Corporation Name

MEMBER BENEFIT SERVICES, INC.

Principal Place of Business: 3702 N. HWY. 71 BENTONVILLE AR 72712

Mailing Address: P.O. BOX 1760 BENTONVILLE AR 72712

2. Principal Place of Business
21 12965 Wishing Spring Rd
Suite, Apt #, etc.
22
City & State
23 Bentonville AR
Zip
24 72712
Country
25

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

3. Date Incorporated or Qualified: 10/30/1991

3a. Date of Last Report: 05/01/1995

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 _______

12. OFFICERS AND DIRECTORS

TITLE	PTC	☐ DELETE
NAME	SOOTER, JOHN W.	
STREET ADDRESS	606 ENFIELD	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE	S	☒ DELETE
NAME	DAVIS, DUANE A.	
STREET ADDRESS	510 NW D APT. B	
CITY-ST-ZIP	BENTONVILLE AR 72712	
TITLE	D	☐ DELETE
NAME	UHLEMEYER, GARY	
STREET ADDRESS	10825 WATSON ROAD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	☐ DELETE
NAME	RAY, BONNIE M.	
STREET ADDRESS	3805 W. LOCUST	
CITY-ST-ZIP	ROGERS AR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary	☒ Change ☐ Addition
2.2 NAME	Danetta Neal	
2.3 STREET ADDRESS	Rt 12 Box 60	
2.4 CITY-ST-ZIP	Bentonville, AR 72712	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	PO Box 1817	
4.4 CITY-ST-ZIP	Bentonville, AR 72712	
5.1 TITLE	Executive V.P./Board	☐ Change ☒ Addition
5.2 NAME	Ronald F. Protter	
5.3 STREET ADDRESS	9 Mission Hills	
5.4 CITY-ST-ZIP	Rogers, AR 72756	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Danetta Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96
Date

(501) 273-1333
Daytime Phone #

CR2E034 (12/95)