

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36128

1. Corporation Name

MEMBER BENEFIT SERVICES, INC.

Principal Place of Business

**13016 N WALTON BLVD
BENTONVILLE AR 72712
US**

Mailing Address

**P.O. BOX 1760
BENTONVILLE AR 72712**

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90083 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1991

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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 **6800 Shetland Way**

84 City **Sarasota**

FL

85 Zip Code
34241

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CT** ☐ DELETE
NAME **SOOTER, JOHN W.**
STREET ADDRESS **606 ENFIELD**
CITY-ST-ZIP **BENTONVILLE AR**

TITLE **S** ☐ DELETE
NAME **DAVIS, ALLAN**
STREET ADDRESS **504 NE A ST**
CITY-ST-ZIP **BENTONVILLE AR**

TITLE **D** ☐ DELETE
NAME **UHLEMAYER, GARY**
STREET ADDRESS **10825 WATSON ROAD**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **V** ☒ DELETE
NAME **RAY, BONNIE M.**
STREET ADDRESS **P.O. BOX 1817**
CITY-ST-ZIP **BENTONVILLE AR**

TITLE **P** ☐ DELETE
NAME **PROFFER, RONALD F.**
STREET ADDRESS **9 MISSION HILLS**
CITY-ST-ZIP **ROGERS AR**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan Davis

2/16/99

501-273-1333

Date

Daytime Phone #

CR2E034 (1/98)