## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am § Secretary of State P36128 DOCUMENT # 1. Entity Name 03-14-2002 90057 044 \*\*\*150.00 MEMBER BENEFIT SERVICES, INC. Principal Place of Business Mailing Address 13016 N WALTON BLVD P.O. BOX 1760 **BENTONVILLE AR 72712 BENTONVILLE AR 72712** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 71-0674758 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, GLENN Street Address (P.O. Box Number is Not Acceptable) 6800 SHETLAND WAY SARASOTA FL 34241 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition NAME SOOTER, JOHN W. NAME STREET ADDRESS 606 ENFIELD STREET ADDRESS CITY-ST-ZIP BENTONVILLE AR CITY-ST-ZIP Delete Change ☐ Addition NAME UHLEMEYER, GARY STREET ADDRESS 10825 WATSON ROAD STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO CITY-ST-ZIP Vice Chairman TITLE ☐ Delete TITLE Change ☐ Addition NAME PROFFER, RONALD F. NAME STREET ADDRESS 9 MISSION HILLS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROGERS AR TITLE Delete TITLE ☐ Change Addition NAME SOOTER, CHRIS W NAME STREET ADDRESS STREET ADORESS 22 VALLEY VIEW CIRCLE CITY-ST-ZIP CITY-ST-ZIP BENTONVILLE AR 72712 President X Addition TITLE ☐ Delete TITLE ☐ Change Jesse S. Hopkins. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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 of fusite empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of the receiver of fusite empowered.

TEQUIRED

SIGNATURE: