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 # P41052 (2)

1. Corporation Name
SEDGWICK JAMES OF ARKANSAS, INC.

Principal Place of Business
900 S. SHACKLEFORD ROAD. SUITE 600
LITTLE ROCK AR 72211

Mailing Address
5350 POPLAR AVE
P.J. ROBINSON. LEGAL DEPT
MEMPHIS TN 38119
US

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 1000 Ridgeway Loop Rd
Suite, Apt. #, etc.
27 P.J. Robinson, Legal Dept.
City & State
28 Memphis TN
Zip 29 38120 | Country 30 USA

4. FEI Number: 71-0401126 ☐ 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**

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	P	☐ DELETE
NAME	WILLIAM, THOMAS C	
STREET ADDRESS	900 SHACKLEFORD RD	
CITY-ST-ZIP	LITTLEROCK AR	
TITLE	VT	☐ DELETE
NAME	O'DAY, JOHN E	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	☐ DELETE
NAME	ROSENBLOOM, ALAN B.	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	AS	☐ DELETE
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	5350 POOPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	CD	☐ DELETE
NAME	HEALEY, QUILL O.	
STREET ADDRESS	1285 AVE. OF THE AMER.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	MORFORD, DONALD K.	
STREET ADDRESS	1285 AVE. OF THE AMER.	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Pattie J Robinson Pattie J. Robinson 2-2-96 901/684-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Assistant Secretary

CR2E034 (12/95)