2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$69794 1. Entity Name TMD DISPOSITION COMPANY Principal Place of Business 5111 ROGERS AVENUE SUITE 40-A FORT SMITH AR 72919-0155 2. Principal Place of Business One - Thousand Beverly Way Suite, Apt. #, etc. City & State Fort Smith AR City & State

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90215 003 ***150.00

5111 ROGERS AVENUE SUITE 40-A FORT SMITH AR 72919-0155		FORT SMITH AR 72919-9007							
	ace of Business	1 -	3. Mailing Address						
	ousand Beverly Way		One Thousand Beverly Way					31811 G1917 1231	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	I THIS SPACE		
City & State		City & State			4. F	4. FEI Number			
	Fort Smith, AR		Fort Smith, AR			35 5 15 1505		Not Applicable	
Zip	Country	Zip	Coun	itry	5. (Certificate of Status Desired		Additional	
72919	USA 72919			USA				Fee Required	
	6. Name and Address of Current	Registered Agent		Name	<i>(,</i> r	Name and Address of New Regis	sterea Agent		
				The state of the s					
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)					
1201									
TALLAHASSEE FL 32301-2525							•		
				City FL Zíp Code					
8. The above	named entity submits this statement for	the purpose of changing	its registere	ed office or	registered ago	ent, or both, in the State of Florida			
SIGNATURE _						<u> </u>			
	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registere	d Agent signatu	re required when re	instating)	DATE		
9. This corpor	ration is eligible to satisfy its Intangible	FILE NO	W!!! FEE	IS \$150.0	0	10. Election Campaign Financi	ina A l	= 00 · · · · ·	
Tax filling requirement and elects to do so. After MAY 1, 2000			2000 Fee	Fee will be \$550.00		Trust Fund Contribution.	~ ~ ~	5.00 May Be	
(See criteria on back) Make Check Payable			able to D	epartment	of State				
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 11	
TITLE	DP	☐ Delete	, TITLI	E			🔀 Chan	ge 🔲 Addition	
NAME	MATHIES, WILLIAM A.		NAM	E					
STREET ADDRESS	OTT HOUSING ATENDE COME TO A			ET ADDRESS	One Thousand Beverly Way				
CITY-ST-ZIP	FORT SMITH AR 72919-0155		CITY	-ST-ZIP	Fort S	mith, AR 72919			
TITLE	DEV	☐ Delete	TITLE	Ε			⊠ Chan	ge 🗌 Addition	
NAME	STEPHENS, BOBBY W		NAM	· I					
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A			ET ADDRESS	One Thousand Beverly Way				
CITY-ST-ZIP	FORT SMITH AR 72919-0155			-ST-ZIP	Fort Smith, AR 72919				
TITLE	DVS	🔽 Delete	TITLE	I	EVP		Chan	ge 🔂 Addition	
NAME	POMMERVILLE, ROBERT W.		NAM	- I	Moore, T. Jerald				
STREET ADDRESS	STIT ROUGHO AVERUE SOITE 40-A			ET ADDRESS -ST-ZIP	One Thousand Beverly Way				
CITY-ST-ZIP	FORT SMITH AR 72919-0155				Fort S	mith, AR 72919 ~	П он		
TITLE	DC PANICO DAVID D	☐ Delete	TITLE				🔀 Chan	ge 🔲 Addition	
NAME STREET ADDRESS	BANKS, DAVID R.	10 À	NAM STRE	ET ADDRESS	በክል ሞኤ	ougand Reventy Mar	7	}	
CITY-ST-ZIP	5111 ROGERS AVENUE SUITE	IU-A		-ST-ZIP		ousand Beverly Way			
	FORT SMITH AR 72919-0155				EVP &	mith, AR 72919	<u>∮</u> ☐ Chan	ge 😿 Addition	
TITLE NAME	DVC HENDRICKSON, BOYD W	x :xDelete	TITLI Nam	I			L_J Chan	No BELVIOURION	
STREET ADDRESS	·	40.A		ET ADDRESS		in, Scott M.			
CITY-ST-ZIP	5111 ROGERS AVENUE SUITE	1 U-74		-ST-ZIP		housand Beverly Wa Smith, AR 72919	1 y		
	FORT SMITH AR 72919-0155 VPAS	☐ Delete	TITLE		FULL	ош <u>т</u> ці, мк. /2919	xxhan	ge 🔲 Addition	
TITLE NAME	MACKENZIE, JOHN W	∟ Delete	NAM	I			LXIX nan	ao 🗀 Addition	
STREET ADDRESS	5111 ROGERS AVENUE SUITE	ın.A		ET ADDRESS	O m	howanid Darranie III			
CITY-ST-ZIP	FORT SMITH AR 72919-0155	tu-U		-ST-ZIP		housand Beverly Wa Smith, AR 72919	1 y		
	1 On 1 OMITH AN 72919-0100				FULL	DHILLS AR /2717		- information	

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 or trustee empowered to 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTIPS NAME OF SIGNING OFFICE OR DIRECTOR

Vice President, Deputy
General Counsel and 4/3/2000

501-201-2000

Assistant Secretary

Dautima Phone #

5000 +5001310