

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90151 026 \*\*\*150.00

00269491 AT

**DOCUMENT # S69794**

1. Entity Name

**TMD DISPOSITION COMPANY**

Principal Place of Business

**ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919**

Mailing Address

**ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919**

2. Principal Place of Business

**One Thousand Beverly Way**

3. Mailing Address

**One Thousand Beverly Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Smith, AR**

City & State

**Fort Smith, AR**

4. FEI Number

**59-3151568**

Applied For

Not Applicable

Zip

**72919**

Country

**USA**

Zip

**72919**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCOO  
 FLOYD, WILLIAM R  
 ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919-0155** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**COB, P, CEO & Director** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DEV  
 STEPHENS, BOBBY W  
 ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919-0155** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVPT  
 HOLLINGSWORTH, SCHUYLER JR  
 ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919-0155** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP-Financial Controls  
 David G. Merrell  
 One Thousand Beverly Way  
 Fort Smith, AR 72919** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DCCE  
 BANKS, DAVID R.  
 ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919-0155** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVP & Controller  
 Pamela H. Daniels  
 One Thousand Beverly Way  
 Fort Smith, AR 72919** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPS  
 MACKENZIE, JOHN W  
 ONE THOUSAND BEVERLY WAY  
 FORT SMITH AR 72919-0155** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*John W. Mackenzie*  
**John W. Mackenzie**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

(479) 201-4840

Date

Daytime Phone #

CR2E034 (9/01)