## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69794

Title:

Name:

Address:

City-St-Zip:

**Entity Name: TMD DISPOSITION COMPANY** 

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 FIANNA WAY FORT SMITH, AR 72919 **Current Mailing Address: New Mailing Address:** 1000 FIANNA WAY FORT SMITH, AR 72919 FEI Number: 59-3151568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY 1201 HAYS STREET 1201 HAYS STREET TALLAHASSEE, FL 323012525 US TALLAHASSEE, FL 32301 US 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: 03/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition WILLIAMS, JULIANNE WILLIAMS, JULIANNE Name: Name: 1000 FIANNA WAY 1000 FIANNA WAY Address: Address: FORT SMITH, AR 72919 City-St-Zip: City-St-Zip: FORT SMITH, AR 72919 US Title: Title: ( ) Delete (X) Change ( ) Addition Name: ROBERTS, MAUREEN Name: ROBERTS, MAUREEN P 1000 FIANNA WAY 1000 FIANNA WAY Address: Address: FORT SMITH, AR 72919 FORT SMITH, AR 72919 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition GROBMYER, JOHN R GROBMYER, JOHN R Name: Name: 1000 FIANNA WAY 1000 FIANNA WAY Address: Address: City-St-Zip: FORT SMITH, AR 72919 City-St-Zip: FORT SMITH, AR 72919 US Title: SV ( ) Delete Title: SVP (X) Change ( ) Addition ROBERTS, KEVIN M ROBERTS, KEVIN M Name: Name: Address: 1000 FIANNA WAY Address: 1000 FIANNA WAY City-St-Zip: City-St-Zip: FORT SMITH, AR 72919 FORT SMITH, AR 72919 US Title: Title: (X) Change ( ) Addition ( ) Delete RASMUSSEN-JONES, HOLLY A RASMUSSEN-JONES, HOLLY A Name: Name: 1000 FIANNA WAY Address: 1000 FIANNA WAY Address: City-St-Zip: FORT SMITH, AR 72919 City-St-Zip: FORT SMITH, AR 72919 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TRUITT, ANN 1000 FIANNA WAY

FORT SMITH, AR 72919 US

SIGNATURE: HOLLY A. RASMUSSEN-JONES S 03/24/2009

() Delete

( ) Change (X) Addition