

**2026 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 849374

Entity Name: WALMART INC.

**Current Principal Place of Business:**

1 CUSTOMER DR  
BENTONVILLE, AR 72716

**Current Mailing Address:**

1 CUSTOMER DR  
BENTONVILLE, AR 72716 US

FEI Number: 71-0415188

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: KATHERINE LACKEY, ASSISTANT SECRETARY

04/13/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FURNER, JOHN  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT/CEO  
Name FURNER, JOHN  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title EVP/CFO  
Name RAINEY, JOHN DAVID  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title EVP & SECRETARY  
Name COX, ERIN NEALY  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT  
Name FENTON, CAREY  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title SVP/ASSISTANT SECRETARY  
Name RUSCHELL, JOSEPH  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT  
Name HART, HUNTER  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name SARTAIN, JONI  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: SPENCER WIRTHLIN

VICE PRESIDENT

04/13/2026

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name ZANES, RONALD  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name WIRTHLIN, SPENCER  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name HODGES, BRANDON  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY  
Name EDWARDS, GEOFFREY  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name DESERIO, DAVID  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title SVP AND ASST. TREASURER  
Name COOK, MICHAEL  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY  
Name LITTLE, SARAH  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716

Title VICE PRESIDENT & ASSISTANT  
TREASURER  
Name ALLEN, MATTHEW  
Address 1 CUSTOMER DR  
City-State-Zip: BENTONVILLE AR 72716