


849374

300002474623-9

Annual Report  
Filed on 7-16-82

2 pgs.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

|  |  |   |
|--|--|---|
| <p>CORPORATION<br/>ANNUAL REPORT<br/><b>1982</b></p> | <br>FLORIDA DEPARTMENT OF STATE<br>DIVISION OF CORPORATIONS<br>George Firestone<br>Secretary of State | <p>APPROVED AND FILED<br/>                 JUL 16 11 22 AM 1982</p> |
|--|--|---|

Read Notice and Instructions on Other Side Before Making Entries  
 Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

|   |   |                              |
|---|---|------------------------------|
| <p>1 Name and Address of Corporation Principal Office</p> <p>849374<br/>                 WAL-MART STORES, INC.<br/>                 P.O. BOX 116 702 S.W. 8th Street<br/>                 BENTONVILLE, ARKANSAS 72712</p> <p><small>if above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code</small></p> | <p>2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address</p> <p>P.O. Box No.</p> <p>City</p> <p>State</p> <p>Zip Code</p> |                              |
| <p>3 Date incorporated or Qualified To Do Business in Florida</p> <p>06/08/1963</p>   | <p>4 Federal Employer Identification Number (EIN)</p> <p>71-0415188</p>   | <p>5 Date of Last Report</p> |

| 6 Names and Street Addresses of Each Officer and Director |       |  |                   |
|---|-------|--|-------------------|
| Names of Officers and Directors                           | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State    |
| WALTON, SAM M. (CHRM)                                     | D     | P.O. BOX 116 702 SW 8th Street   | BENTONVILLE, ARK. |
| AREND, FEROLD C. (V-CH)                                   | D     | P.O. BOX 116 702 SW 8th Street   | BENTONVILLE, ARK. |
| SNEWMAKER, JACK   | P/D   | P.O. BOX 116 702 SW 8th Street   | BENTONVILLE, ARK. |
| WALTON, JAMES L.  | V/D   | P.O. BOX 116 702 SW 8th Street   | BENTONVILLE, ARK. |
| WALTON, S. ROBSON   | V/S/D | P.O. BOX 116 702 SW 8th Street   | BENTONVILLE, ARK. |
| HARRIS, CLAUDE  | V/D   |  | SPRINGDALE, ARK.  |
| Folkerts, Kenneth   | VPT   | 702 S.W. 8th Street  | Bentonville, Ark  |

| 7 Registered Agent Information  |  |
|---|--|
| 7 Name and Address of Current Registered Agent                                      | 8 Name and Address of New Registered Agent   |
| <p>C T CORPORATION SYSTEM</p> <p>100 BISCAYNE BOULEVARD</p> <p>MIAMI, FL. 33132</p> | <p>Name</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>City, State and Zip Code</p> |

9 Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

|   |  |
|---|--|
| <p>10. IMPORTANT — THIS SECTION MUST BE COMPLETED</p> <p>Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> | <p>11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES</p> <p>Has said amendment been filed with this office?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
|---|--|

12. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.

I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

|  |  |   |
|--|--|---|
| <p>Signature</p> <p><i>Kenneth Folkerts</i></p> <p>Typed Name of Signing Officer</p> <p>Kenneth Folkerts</p> | <p>Title</p> <p>Vice President &amp; Treasurer</p> | <p>Date</p> <p>Telephone Number</p> <p>501-273 4000</p> |
|--|--|---|

COR-621(11-81)