

849374

10002474861--7

Annual Report
Filed on 5-1-94

2 pgs.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 MAY -1 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
WAL-MART STORES, INC.

DOCUMENT #
849374 (4)

2. Mailing Address
P.O.-BOX-110
TAX DEPARTMENT
BENTONVILLE AR 72716-
US

Principal Place of Business
P.O.-BOX-110
TAX DEPARTMENT
BENTONVILLE AR 72716 -
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date incorporated or Qualified **06/08/1981** 3a. Date of Last Report **05/01/1993**
4. FEI Number **71-0415188** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee**
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit Exempt from \$138.75 Supplemental Fee
8. This corporation has liability for intangible tax under 199 022, Florida Statutes Yes No
\$5.00 May Be Added to Fees

2. Mailing Address
21 **DEPT 8013**
2a. Principal Place of Business
26 **DEPT 8013**
22 State, Apt. #, etc.
27 State, Apt. #, etc.
23 City & State
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Acceptance: NOTE: Registered Agent signature required when installing.

12. ~~SEE ATTACHED~~ OFFICERS AND DIRECTORS
11 TITLE **AS**
12 NAME **MELTON, SCOTT**
13 STREET ADDRESS **44 STONE BRIDGE WAY**
14 CITY, ST, ZIP **BENTONVILLE AR**
21 TITLE **D**
22 NAME **BANKS, DAVID R.**
23 STREET ADDRESS **873 S FAIR OAKS AVE**
24 CITY, ST, ZIP **PASADENA CA**
31 TITLE **D**
32 NAME **WALTON, JAMES L**
33 STREET ADDRESS **702 S W 8TH STREET**
34 CITY, ST, ZIP **BENTONVILLE, ARK 0**
41 TITLE **D**
42 NAME **SHEWMAKER, JACK**
43 STREET ADDRESS **702 S W 8TH STREET**
44 CITY, ST, ZIP **BENTONVILLE, ARK 0**
51 TITLE **P/D**
52 NAME **GLASS, DAVID D.**
53 STREET ADDRESS **702 S W 8TH STREET**
54 CITY, ST, ZIP **BENTONVILLE, ARK 0**
61 TITLE **S**
62 NAME **RHOADS, ROBERT K.**
63 STREET ADDRESS **702 S W 8TH STREET**
64 CITY, ST, ZIP **BENTONVILLE, ARK 0**

13. ~~SEE CHANGES TO~~ OFFICERS AND DIRECTORS IN '92
11 TITLE **TERRI L BERTSCHY**
12 NAME **TERRI L BERTSCHY**
13 STREET ADDRESS **1108 S.E. 10th STREET**
14 CITY, ST, ZIP **BENTONVILLE, AR 72716-8013**
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a report of non-compliance with Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature will have the same legal effect as if made under oath, empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE **James A Walker, Jr** **4-19-94** **501 273-4789**
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR **VP & Controller**