

849374

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Annual Report

Filed 5-14-95

2 pgs

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 849374 (4)
Corporation Name
WAL-MART STORES, INC.

Principal Place of Business Making Address
DEPT 8013 TAX DEPARTMENT BENTONVILLE AR 72716-8013 US
DEPT 8013 BENTONVILLE AR 72716-8013 US

3. Date Incorporated or Qualified 06/08/1981 3a. Date of Last Report 05/01/1994
4. FEI Number 71-0415188 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City, State, Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent's signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	BERTSCHY TERRI L
STREET ADDRESS	1108 SE 10TH STREET
CITY-ST-ZIP	BENTONVILLE AR
TITLE	D
NAME	BANKS, DAVID R.
STREET ADDRESS	873 S FAIR OAKS AVE
CITY-ST-ZIP	PASADENA CA
TITLE	D
NAME	WALTON, JAMES L
STREET ADDRESS	702 S W 8TH STREET
CITY-ST-ZIP	BENTONVILLE, ARK 0
TITLE	D
NAME	SHEWMAKER, JACK
STREET ADDRESS	702 S W 8TH STREET
CITY-ST-ZIP	BENTONVILLE, ARK 0
TITLE	PD
NAME	GLASS, DAVID D.
STREET ADDRESS	702 S W 8TH STREET
CITY-ST-ZIP	BENTONVILLE, ARK 0
TITLE	S
NAME	RHOADS, ROBERT K.
STREET ADDRESS	702 S W 8TH STREET
CITY-ST-ZIP	BENTONVILLE, ARK 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Walker, Jr. James A. Walker, Jr. 5/15/95 501-277-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date