

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849374

Entity Name: WALMART INC.

Current Principal Place of Business:

708 SW 8TH STREET
BENTONVILLE, AR 72716

Current Mailing Address:

708 SW 8TH STREET
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

04/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name MCMILLON, CARL DOUG
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title SECRETARY
Name ALLISON, GORDON Y.
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title ASST. SECRETARY
Name LAZENBY, ANDREA A.
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title VP
Name WALKER, ANTHONY
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name PENNER, GREGORY
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name CASH, JAMES JR.
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name FLYNN, TIMOTHY
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name HARRIS, CARLA
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

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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: ANTHONY WALKER

VP

04/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORTON, TOM
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name REINEMUND, STEVEN
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name WALTON, S. ROBSON
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name MAYER, MARISSA
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name SYSTROM, KEVIN
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR
Name WALTON, STEUART
Address 702 SW 8TH STREET
City-State-Zip: BENTONVILLE AR 72716