2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000001766

Entity Name: SAM'S EAST, INC.

Current Principal Place of Business:

702 SW 8TH STREET BENTONVILLE, AR 72716

Current Mailing Address:

702 SW 8TH STREET BENTONVILLE, AR 72716 US

FEI Number: 71-0794412

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PCEO	Title	TREA
Name	FRIESON, DONALD	Name	DAVIS, JEFF
Address	702 SW 8TH STREET	Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716	City-State-Zip:	BENTONVILLE AR 72716
Title	VP	Title	ASST. SECRETARY
Name	HARRIS, PHYLLIS	Name	LAZENBY, ANDREA
Address	702 SW 8TH STREET	Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716	City-State-Zip:	BENTONVILLE AR 72716
Title	SR. VP	Title	SR. VP
Title Name	SR. VP JOHN, SUAREZ P	Title Name	SR. VP LETTS, SHANNON E
			-
Name	JOHN, SUAREZ P 702 SW 8TH STREET	Name	LETTS, SHANNON E 702 SW 8TH STREET
Name Address	JOHN, SUAREZ P 702 SW 8TH STREET	Name Address	LETTS, SHANNON E 702 SW 8TH STREET
Name Address City-State-Zip:	JOHN, SUAREZ P 702 SW 8TH STREET BENTONVILLE AR 72716	Name Address City-State-Zip:	LETTS, SHANNON E 702 SW 8TH STREET BENTONVILLE AR 72716
Name Address City-State-Zip: Title	JOHN, SUAREZ P 702 SW 8TH STREET BENTONVILLE AR 72716 VP	Name Address City-State-Zip: Title	LETTS, SHANNON E 702 SW 8TH STREET BENTONVILLE AR 72716 ASST. SECRETARY
Name Address City-State-Zip: Title Name	JOHN, SUAREZ P 702 SW 8TH STREET BENTONVILLE AR 72716 VP ROTTLER, MARY E 702 SW 8TH STREET	Name Address City-State-Zip: Title Name	LETTS, SHANNON E 702 SW 8TH STREET BENTONVILLE AR 72716 ASST. SECRETARY RENFROW, JAMES R 702 SW 8TH STREET

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: ANDREA LAZENBY

ASST. SECRETARY

08/13/2015

Date

Electronic Signature of Signing Officer/Director Detail

FILED Aug 13, 2015 Secretary of State CC8630005490

Officer/Director Detail Continued :

Title	VP
Name	MULLER, CHARLES R
Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716