

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001766

Entity Name: SAM'S EAST, 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: 71-0794412

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            MCLAY, KATHRYN  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            EXEC. VP  
Name            IBBOTSON, MARK  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            SR. VP  
Name            SCUDDER, JOHN  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            SR. VP  
Name            WAIT, TOM  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            VP, ASST. TREASURER  
Name            ALLEN, MATTHEW  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            ASST. SECRETARY  
Name            RICE, DANIEL  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            VP  
Name            HART, HUNTER  
Address        708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title            VP  
Name            WILLIAMS, JACK  
Address        708 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: DANIEL RICE

ASST. SECRETARY

02/10/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title VP  
Name CLARKE, JOHN  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name VANDERHELM, MARK M  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title ASSIST. SECRETARY  
Name DAILEY, RICH  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title VP  
Name HAMILTON, WAYNE J  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title SECRETARY  
Name ALLISON, GORDON Y  
Address 708 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716