

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000004394

**Entity Name:** NORTH ARKANSAS WHOLESale CO., 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:** 71-0477268

**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 SVP  
Name SCUDDER, JOHN  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

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

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

Title VP/TREASURER  
Name ALLEN, MATTHEW  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY  
Name RICE, DAN  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY  
Name EDWARDS, GEOFFREY  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

*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:** JESSICA RANCHER

**VICE PRESIDENT**

**05/31/2020**

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

\_\_\_\_\_  
Date