John Thurston, Arkansas Secretary of State ANNUAL CORPORATION FRANCHISE TAX REPORT 2020 Non-Stock Corporation

For the year ending 12/31/2019

Reports and taxes are due on or before May 1, 2020. Penalty and interest will be due for reports if the United States Postal Service's postmark is after the deadline. Complete this report online at www.sos.arkansas.gov, or sign in black ink and mail to the address listed below.

Anytime Day Or Night At www.sos.arkansas.gov Anytime Day Or Night At www.sos.arkansas.gov Anytime Day Or Night At www.sos.arkansas.gov Actives the below information, if needed: Tax Contact Name: Address: Address 2: Controller: City, State, Zip: Phone # of Tax Contact: E-mail Address: 7. Date of Qualification: Required Information: State of Incorporation: Nature of Business: 4. Registered Agent Information: Name: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: Corporations Without Authorized Stock Pay \$300.00 Total Due \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this	1.	Business Name and Address:	Save Time & File Online	
Correct any of the below information, if needed: Tax Contact Name:		(Name)		
2. Correct any of the below information, if needed: Tax Contact Name: Address: Address 2: City, State, Zip: Federal Tax ID#: ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of		(Address)	<u></u>	
Tax Contact Name: Address: Address 2: City, State, Zip: Phone # of Tax Contact: E-mail Address: Required Information: State of Incorporation: Federal Tax ID#: Nature of Business: 4. Registered Agent Information: Name: Address 2: City, State, Zip: Different SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address: City, State, Zip: Corporations Without Authorized Stock Pay \$300.00 Total Due \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of		(City, State, Zip Code)	6. Current Names of Corporate Governors:	
Tax Contact Name: Address: Address 2: City, State, Zip: Phone # of Tax Contact: E-mail Address: 7. Date of Qualification: Required Information: State of Incorporation: Federal Tax ID#: Nature of Business: 4. Registered Agent Information: Name: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of (Normb) (Year)	2. Cc	prrect any of the below information, if needed:	President:	
Address: Secretary: Treasurer: Controller: Treasurer: Controller: Tax Preparer: Tax Pr		•	Vice President:	
Address 2: City, State, Zip: Phone # of Tax Contact: E-mail Address: Acquired Information: Federal Tax ID#: ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 Total Due \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of			Secretary:	
City, State, Zip:			Treasurer:	
Phone # of Tax Contact: E-mail Address: 7. Date of Qualification: Required Information: State of Incorporation: Nature of Business: 3. ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address: Address: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of (Year)			Controller:	
E-mail Address:			Tax Preparer:	
Required Information: Federal Tax ID#: Alture of Business: ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,			7. Date of Qualification:	
ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name: Address: Address 2: City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of				
3ALL OF THE INFORMATION IN SECTIONS 4, 5 & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT. 4. Registered Agent Information: Name:	·			
Name:				
Name:	4. Re	egistered Agent Information:		
Address:				
City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,	Addre	nee'		
City, State, Zip: 5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,	Addre	ess 2:		
5. Principal Office Information (in Arkansas): Address: City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,				
City, State, Zip: CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,				
CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00 I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,	Arka	nsas): Address:		
I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. Executed this day of,	City,	State, Zip:		
Executed this day of,(Year)	Со	RPORATIONS WITHOUT AUTHORIZED STOCK PAY	\$300.00 TOTAL DUE	\$300.00
		I declare, under the penalties of perjury, that the forego	oing statements are true to the best of my knowled	dge and belief.
	E	executed this day of	,	

Due on or before May 1, 2020 – Penalty and interest due after May 1, 2020 You may file this online at www.sos.arkansas.gov

Remittance must accompany this report • Make checks payable to Arkansas Secretary of State
Phone: 501-682-3409 or Toll Free: 888-233-0325

Mail to: Business and Commercial Services Division • P.O. Box 8014 • Little Rock, Arkansas 72203-8014

ARKANSAS ANNUAL FRANCHISE TAX REPORT – Non-Stock Corporation

DUE ON OR BEFORE MAY 1

Mail Payment To: Business and Commercial Services, P.O. Box 8014, Little Rock, Arkansas 72203

Online Filing, Payment, and Information: www.sos.arkansas.gov

Phone: 501-682-3409 or Toll Free: 888-233-0325

WHO FILES ANNUAL FRANCHISE TAX REPORTS: All domestic and foreign corporations, associations, organizations, and companies constituting a separate legal entity of relationship with the purpose of obtaining a privilege or franchise which is not allowed to them as individuals except those exempted by A.C.A. § 26-54-102. The only exemptions are nonprofit corporations, which are organizations exempt from the federal income tax, or organizations formed pursuant to the Uniform Partnership Act, A.C.A. § 4-46-101 et seq., or the Uniform Limited Partnership Act, A.C.A. § 4-47-101 et seq.

- **1. Business Name and Address:** The domestic corporation's name as it appears in the *Articles of Incorporation* or the foreign corporation's name as it appears in the *Application for Certificate of Authority*.
 - a) **DOMESTIC CORPORATION:** A corporation that has filed its original *Articles of Incorporation* in Arkansas.
 - **b) FOREIGN CORPORATION:** A corporation that has filed its original articles of incorporation anywhere other than Arkansas and has qualified to receive a *Certificate of Authority* in Arkansas.
- 2 Tax Contact Name, Address, and Contact Information: Person or firm designated to receive the corporation's annual franchise tax reporting notifications. Please provide a name, address, phone number, and email address.
 - a) RESPONSIBILITY: Corporations not receiving a form by March 20 must make a written request for paper forms. Fillable PDF forms can be downloaded, or franchise taxes can be filed online, through the Secretary of State's website at www.sos.arkansas.gov. All corporations must comply with the May 1 due date.
 - b) REPORTING YEAR: The year in which the report is due.
 - c) TAX YEAR: The year ending December 31 preceding the reporting year.
 - **d) TAX COMPUTED IN ERROR:** Underpayment will be billed to the corporation. Requests for refunds must be submitted with proof to the Secretary of State's Business and Commercial Services Division at the above address.
 - e) EXTENSIONS: Acts 1046 and 1140 of 1991 eliminated the opportunity to request an extension. ALL REPORTS ARE DUE ON OR BEFORE MAY 1.
 - f) FAILURE TO FILE REPORT: Per A.C.A. § 26-54-107 and 114, corporations shall pay an additional penalty plus interest for late filing of the report or late payment of the tax. In order to be considered timely, tax reports and payments must be received by the Secretary of State's office no later than the close of business on May 1 or must be postmarked by the United States Postal Service no later than midnight on May 1. Postage meter dates are not acceptable for the purpose of determining the timely receipt of a tax form and/or payment. See A.C.A. § 26-18-105.

Calculate late franchise taxes, interest, and penalties:

A.	Original Tax (Due May 1)	\$
В.	Late Filing Penalty	+ \$25.00
C.	Tax and Penalty total	= \$
D.	Interest: (C) x .000274 x (# of Days Deficient)	= \$
E.	Total Tax Due: (C)+(D)	= \$

If you have any questions determining your payment and/or late fees, please contact the Secretary of State's office at 501-682-3409 or Toll Free: 888-233-0325.

- **3. Identical Information:** If ALL of the information in Sections #4, #5, #6, and #7 is identical as set forth in the prior year's annual report, you may simply check box #3 on the form, sign the report and submit the report with payment.
- **4. Registered Agent Information:** The registered agent is a person or entity designated by the corporation to receive any service of legal action or other official communication on its behalf. Many corporations use its attorney or a professional corporate service company for this service. The registered agent's address must be a street address in Arkansas, and the agent must be located at that address. A post office box or "mail drop" may NOT be used as the registered agent address. For more information on registered agents, please refer to A.C.A. § 4-20-101 et seq.
- 5. **Principal Office Information:** Address of place of business of the Limited Liability Company in Arkansas.
- **6. Current Names of Corporate Governors:** Names of the corporation's president, vice president, secretary, treasurer, controller, and tax preparer.
- 7. Foreign Corporation Information:
 - a) Date of Qualification: The date of incorporation anywhere other than the State of Arkansas.
 - **b) State of Incorporation:** Where the original articles of incorporation were filed, anywhere other than Arkansas
 - c) Nature of Business: The type of sector or industry to which the corporation belongs.
- 8. Corporations Without Authorized Stock Pay \$300.00: Reference A.C.A. § 26-54-104 (5)
- **9. SIGNATURE:** Corporation reports shall be signed in **black ink** by one of the following: president, vice president, secretary, treasurer, controller, other authorized person, or the tax preparer.

ADDITIONAL INFORMATION

- 1. AMENDMENTS: Changes, such as name, merger, etc., must be filed through the Secretary of State Business and Commercial Services Division. Notations on the annual report form will not suffice. Forms for changes may be obtained online at www.sos.arkansas.gov, or by writing or calling the Arkansas Secretary of State Business and Commercial Services Division.
- 2. **DISSOLUTION OR WITHDRAWAL:** Any corporation wishing to cease operations must file a dissolution or withdrawal document through the Business and Commercial Services of Secretary of State. See above for contact information.