

1.) CORPORATION NAME:

OMEGA ADMINISTRATORS, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1634023**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1513 COUNTRY CLUB

CITY/ST/ZIP: SHERWOOD, AR 72120

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DR MEL COLLAZO TITLE: SECRETARY ADDRESS: 11811 HINSON ROAD SUITE 100 CITY/ST/ZIP/CO: LITTLE ROCK, AR 72212</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ED CHOATE TITLE: PRESIDENT ADDRESS: 1513 COUNTRY CLUB BLVD CITY/ST/ZIP/CO: SHERWOOD, AR 72120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DR HERMAN HURD TITLE: VICE PRESIDENT ADDRESS: 1513 COUNTRY CLUB ROAD CITY/ST/ZIP/CO: SHERWOOD, AR 72120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LYNN HARBERT TITLE: VICE PRESIDENT ADDRESS: 1513 COUNTRY CLUB ROAD CITY/ST/ZIP/CO: SHERWOOD, AR 72120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALLEN MOORE TITLE: VICE PRESIDENT ADDRESS: 1513 COUNTRY CLUB ROAD CITY/ST/ZIP/CO: SHERWOOD, AR 72120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PHYLLIS ROGERS TITLE: SR VP/CFO ADDRESS: 1513 COUNTRY CLUB BLVD CITY/ST/ZIP/CO: SHERWOOD, AR 72120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSIE SMITH TREASURER METROPOLITAN BANK BLDG. 425 WEST CAPITAL LITTLE ROCK, AR 72201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GLADDEN DIRECTOR 1434 PIKE AVE NORTH LITTLE ROCK, AR 72114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR WELDON JOHNSON DIRECTOR 2368-1 WEST PINE HILLS DR ROGERS, AR 72757	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR JIM JOHNSTON DIRECTOR 200 PINE STREET MARION, AR 72150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR HAROLD PERRIN DIRECTOR CITY HALL 515 W. WASHINGTON JONESBORO, AR 72401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W. COUCH VICE PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA MASINGILL VICE PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRANVILLE WAYNE CALLAHAN DIRECTOR 3200 RED HAWK DRIVE BENTONVILLE, AR 72712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRI ANDERSON MILLER DIRECTOR 17456 LAUREL PARK DRIVE, NORTH STE 130E LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TROY BARTELS DIRECTOR 811 WINDOVER ROAD STE B JONESBORO, AR 72401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SARAH CLARK TITLE: DIRECTOR ADDRESS: #2 NORTH COLLEGE CITY/ST/ZIP/CO: FAYETTEVILLE, AR 72702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBBINS MARK BAILEY TITLE: DIRECTOR ADDRESS: 2114 RICE STREET CITY/ST/ZIP/CO: WALDRON, AR 72958	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MASON TITLE: DIRECTOR ADDRESS: 609 SOUTH 21ST STREET CITY/ST/ZIP/CO: FORT SMITH, AR 72901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD OWNBEY TITLE: DIRECTOR ADDRESS: 407 EAST 4TH STREET CITY/ST/ZIP/CO: RUSSELLVILLE, AR 72801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAMES W.COUCH	JAMES W.COUCH,	7/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		