

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002964

FILED
Apr 27, 2010
Secretary of State

Entity Name: RCI HOLIDAY NETWORK INC.

Current Principal Place of Business:

7 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

22 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 57-1147453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: HOLMES, STEPHEN P
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: DEVP
Name: CONFORTI, THOMAS G
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: CEO
Name: BALLOTTI, GEOFFREY A
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPT
Name: EDWARDS, THOMAS J JR.
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVPS
Name: CASH, PAUL F
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP
Name: GEPPEL, GREGORY T
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

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: GREGORY T GEPPEL

VP

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date