

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90186 031 ***150.00

DOCUMENT # F97000005929

1. Entity Name
RHS MEMBERSHIP INTEREST HOLDING COMPANY



Principal Place of Business
**101 E. STATE STREET
KENNETT SQUARE PA 19348**

Mailing Address
**101 E. STATE STREET
KENNETT SQUARE PA 19348**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2877674**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WALKER, MICHAEL R 101 E. STATE STREET KENNETT SQUARE PA 19348 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, RICHARD R 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO BARR, DAVID C 101 E. STATE STREET KENNETT SQUARE PA 19348 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HAGER, GEORGE V JR. 101 E. STATE STREET KENNETT SQUARE PA 19348 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEON, JAMES V 101 E. STATE STREET KENNETT SQUARE PA 19348 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FURET, JOHN F.X. 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO ROBERT FISH 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH BOURNE 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V JAMES WANK MILLER 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO/D GEORGE HAGER 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CC JAMES MCKEON 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORMAN SCHUEFTAN 101 EAST STATE STREET KENNETT SQUARE PA 19348 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Norman Schueftan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN SCHUEFTAN

1/17/03 610-444-6350

Date

Daytime Phone #

CR2E034 (10/02)