

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28209 (5)
 1. Corporation Name
RESIDENTIAL SERVICES CORPORATION OF AMERICA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7470 E NEW TECHNOLOGY WAY FREDERICK MD 21703 US	Mailing Address 7470 E NEW TECHNOLOGY WAY PO BOX 4198 FREDERICK MD 21705-4198 US
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3. Date Incorporated or Qualified 02/21/1990	4. FEI Number 52-1618675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, WILLIAM E	1.2 NAME	
STREET ADDRESS	401 HEIGHTS ROAD	1.3 STREET ADDRESS	71 HANOVER ROAD
CITY-ST-ZIP	RIDGEWOOD NJ	1.4 CITY-ST-ZIP	FLORHAM PARK, NJ 07932
TITLE	DCOB <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRASKA, GARY	2.2 NAME	
STREET ADDRESS	751 BROAD ST	2.3 STREET ADDRESS	100 MULBERRY ST., GATEWAY CENTER 4, 9TH FL
CITY-ST-ZIP	NEWARK NJ	2.4 CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPLIN, C EDWARD	3.2 NAME	
STREET ADDRESS	17 RIDGE ROAD	3.3 STREET ADDRESS	751 BROAD STREET
CITY-ST-ZIP	SUMMIT NJ	3.4 CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SHERRILL M.	4.2 NAME	
STREET ADDRESS	7470 E NEW TECHNOLOGY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, BARBARA L.	5.2 NAME	VIRGINIA CONE
STREET ADDRESS	7470 E NEW TECHNOLOGY WAY	5.3 STREET ADDRESS	13001 COUNTY ROAD 10
CITY-ST-ZIP	FREDERICK MD	5.4 CITY-ST-ZIP	PLYMOUTH, MN 55442
TITLE	VPC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRITCHFIELD, JOHN R	6.2 NAME	CAROLYN PUMPHREY
STREET ADDRESS	10313 GRETCHEN NICOL CT	6.3 STREET ADDRESS	7470 E NEW TECHNOLOGY WAY
CITY-ST-ZIP	WOODSTOCK MD	6.4 CITY-ST-ZIP	FREDERICK, MD 21703

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Carolyn Pumphrey* _____

CR2E034 (10/97)