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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
JUN 20 1999  
TAMPA FLORIDA

**DOCUMENT # P28209**

1. Corporation Name  
**RESIDENTIAL SERVICES CORPORATION OF AMERICA**

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**

2. Principal Place of Business  
21 **751 Broad Street**  
Suite, Apt. #, etc  
22 **23 Plaza**  
City & State  
23 **Newark NJ**  
Zip Country  
24 **07102** 25

2a. Mailing Address  
26 **751 Broad Street**  
Suite, Apt. #, etc  
27 **23 Plaza**  
City & State  
28 **Newark NJ**  
Zip Country  
29 **07102** 30

9. Name and Address of Current Registered Agent

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

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

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

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

(NOTE: Registered Agent's signature is preferable to that of the corporation)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	<b>SCHMIDT, WILLIAM E</b>	
STREET ADDRESS	<b>71 HANOVER RD</b>	
CITY-ST-ZIP	<b>FLOHAM PARK NJ 07932</b>	
TITLE	DCOB	[ ] DELETE
NAME	<b>TRABKA, GARY</b>	
STREET ADDRESS	<b>100 MULBERRY ST, GATEWAY CTR 4, 9TH FL</b>	
CITY-ST-ZIP	<b>NEWARK NJ 07102</b>	
TITLE	TD	[ ] DELETE
NAME	<b>CHAPLIN, C EDWARD</b>	
STREET ADDRESS	<b>751 BROAD ST</b>	
CITY-ST-ZIP	<b>NEWARK NJ 07102</b>	
TITLE	S	[ ] DELETE
NAME	<b>CONE, VIRGINIA</b>	
STREET ADDRESS	<b>13001 COUNTRY RD 10</b>	
CITY-ST-ZIP	<b>PLYMOUTH MN 54442</b>	
TITLE	P	[ ] DELETE
NAME	<b>PUMPHREY, CAROLYN</b>	
STREET ADDRESS	<b>7470 E NEW TECHNOLOGY WAY</b>	
CITY-ST-ZIP	<b>FREDERICK MD 21703</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Assistant Secretary	[ ] Change [X] Addition
12 NAME	<b>Caryn E. Kenin</b>	
13 STREET ADDRESS	<b>265 Marcia Way</b>	
14 CITY-ST-ZIP	<b>Bridgewater NJ 08807</b>	[ ] Change [ ] Addition
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		[ ] Change [ ] Addition
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		[ ] Change [ ] Addition
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered

SIGNATURE: *Caryn E. Kenin* Caryn E. Kenin, Asst. Secretary 5/18/99 (973)802-4049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)