

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 679432**

1. Corporation Name

RCC, INC.

**800001817808**  
-05/13/96--01019--014  
\*\*\*200.00

**000001817810**  
-05/13/96--01019--015  
\*\*\*8.75

Principal Place of Business

Mailing Address

**2. Principal Place of Business**  
**21** FDIC- 100 Colony Sq. Box 68  
Suite, Apt. #, etc.  
**22** Ste. 2200  
City & State  
**23** Atlanta, GA  
Zip Country  
**24** 30361 **25** USA

**2a. Mailing Address**  
**26** FDIC-100 Colony Sq. Box 68  
Suite, Apt. #, etc.  
**27** Ste. 2200  
City & State  
**28** Atlanta, GA.  
Zip Country  
**29** 30361 **30** USA

**3. Date Incorporated or Qualified** 7/15/80  
**3a. Date of Last Report** 4/7/95  
**4. FEI Number** 59-2314703  
Applied For  
Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under s. 199.03?**  
Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 South Pine Island Rod,  
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 **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 the applicant

(NOTE: Registered Agent Signature required when corporation is not the registered agent)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              | D/P Richard Corrigan                                                         |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 100 Colony Sq. Box 68 Ste. 2200                                              |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | Atlanta, GA. 30361                                                           |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              | D/VP/AS Patricia J. Ray                                                      |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 100 Colony Sq. Box 68 Ste. 2200                                              |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | Atlanta, GA. 30361                                                           |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              | D/VP/AS Charles P. Farrell, Jr.                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 100 Colony Sq. Box 68 Ste. 2200                                              |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | Atlanta, GA. 30361                                                           |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              | D/S/T John P. Rossetti                                                       |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | 100 Colony S. Box 68 Ste. 2200                                               |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | Atlanta, GA. 30361                                                           |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                                                              |

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Corrigan - President

4/18/96

Original Filing #

CR2E034 (12/95)

4/18/96