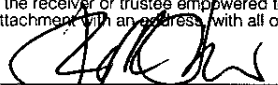


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 016 ***150.00

DOCUMENT # F00000004760 1. Entity Name RSI HOME PRODUCTS SALES, INC.					
Principal Place of Business 620 NEWPORT CENTER DRIVE, SUITE 1030 NEWPORT BEACH, CA 92660			Mailing Address 620 NEWPORT CENTER DRIVE, SUITE 1030 NEWPORT BEACH, CA 92660		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-0807486	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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, 2004 Fee will be \$550.00		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	DCEO SIMON, RONALD M ☐ Delete 620 NEWPORT CENTER DRIVE, SUITE 1030 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 620 Newport Center Dr. 12th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CALABRESE, ALEX G ☐ Delete 620 NEWPORT CENTER DRIVE, SUITE 1030 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 620 Newport Center Dr. 12th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTER, ROBERT J JR. ☒ Delete 620 NEWPORT CENTER DR., STE 1030 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSTEIN, STEVEN M ☒ Delete 620 NEWPORT CENTER DR., STE 1030 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition T, SVP, CFO Lowrie, David R. 620 Newport Center Dr. 12th Floor Newport Beach CA 92660	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.					
SIGNATURE: 			David R. Lowrie		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-4-04 Daytime Phone # (949) 780-1116		