

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006344

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

Entity Name: RSM EQUICO, INC.

## Current Principal Place of Business:

4400 MAIN  
KANSAS CITY, MO 64111

## New Principal Place of Business:

575 ANTON BOULEVARD  
11TH FLOOR  
COSTA MESA, CA 92626

## Current Mailing Address:

4400 MAIN  
KANSAS CITY, MO 64111

## New Mailing Address:

FEI Number: 36-4483547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ERNST, MARK A  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

Title: V ( ) Delete  
Name: YABUKI, JEFFERY W  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

Title: VD ( ) Delete  
Name: COTRONEO, FRANK J  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

Title: VT ( ) Delete  
Name: GIVENS, CHERYL L  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

Title: CFO ( ) Delete  
Name: CONTI, KEITH  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

Title: AT ( ) Delete  
Name: MERTZ, TIMOTHY R  
Address: 4400 MAIN  
City-St-Zip: KANSAS CITY, MO 64111

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SONENSHINE, JACOB P  
Address: 575 ANTON BOULEVARD, 11TH FLOOR  
City-St-Zip: COSTA MESA, CA 92626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: SONENSHINE, JACOB P  
Address: 575 ANTON BOULEVARD, 11TH FLOOR  
City-St-Zip: COSTA MESA, CA 92626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R. MERTZ

AT

04/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date