## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000006344

Entity Name: RSM EQUICO, INC.

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

**Current Principal Place of Business: New Principal Place of Business:** 4400 MAIN 575 ANTON BOULEVARD KANSAS CITY, MO 64111 11TH FLOOR COSTA MESA, CA 92626 **Current Mailing Address: New Mailing Address:** 4400 MAIN KANSAS CITY, MO 64111 FEI Number: 36-4483547 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition ERNST, MARK A SONENSHINE, JACOB P Name: Name: 4400 MAIN 575 ANTON BOULEVARD, 11TH FLOOR Address: Address: City-St-Zip: KANSAS CITY, MO 64111 City-St-Zip: COSTA MESA, CA 92626 Title: Title: ( ) Delete () Change () Addition YABUKI, JEFFERY W Name: Name: 4400 MAIN Address: Address: KANSAS CITY, MO 64111 City-St-Zip: City-St-Zip: Title: Title: VD. () Delete () Change () Addition COTRONEO, FRANK J Name: Name: 4400 MAIN Address: Address: City-St-Zip: KANSAS CITY, MO 64111 City-St-Zip: Title: () Delete Title: () Change () Addition GIVENS, CHERYL L Name: Name: Address: 4400 MAIN Address: City-St-Zip: KANSAS CITY, MO 64111 City-St-Zip: Title: CFO Title: (X) Change ( ) Addition () Delete CONTI, KEITH Name: SONENSHINE, JACOB P Name: 4400 MAIN Address: 575 ANTON BOULEVARD, 11TH FLOOR Address: KANSAS CITY, MO 64111 City-St-Zip: City-St-Zip: COSTA MESA, CA 92626 Title: () Delete Title: () Change () Addition Name: MERTZ, TIMOTHY R Name: Address: 4400 MAIN Address: City-St-Zip: City-St-Zip: KANSAS CITY, MO 64111

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