2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000001155

Entity Name: RCS CENTRE CORP

FILED Apr 16, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5022 GATE PARKWAY N SUITE 204				700 LARKSPUR LANDING CIRCLE SUITE 235			
JACKSONVILLE, FL 32256				LARKSPUR, CA 94939 US			
Current Mailing Address:				New Mailing Address:			
5022 GATE PARKWAY N SUITE 204				700 LARKSPUR LANDING CIRCLE SUITE 235			
JACKSONVILLE, FL 32256				LARKSPUR, CA 94939		US	
FEI Number:	36-4488668	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired	()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
3953 WW TALLAHAS The above			rpose o	f changing it	ts registered o	ffice or registered agent, o	r both,
in the State	of Florida.						
SIGNATUF							
	Electroni	c Signature of Registered Agen	t			Date	
	npaign Financing	Trust Fund Contribution ().		ADDITION	S/CHANGES	TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	PSD () VASUDEVAN, BF 527 VALENCIA I LOS ALTOS, CA	DR .		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VTD () DHAWAN, ASHIS 55 JORBAGH NEW DELHI IND			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SHOLL, DENNIS	R LANDING CIRCLE STE 235	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () KING, DAVID 383 MADISON S NEW YORK, N		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WELLER, GAR' 390 SOUTH MIL	Change (X) Addition Y LLS ROAD STE 350 D, MO 63017 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SNYDER, ANN I	R LANDING CIRCLE STE 235	

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: SNYDER, ANN M V 04/16/2003