FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004816 (5)**

1. Corporation Name
RSH, INC.

Principal Place of Business	Mailing Address
3343 PEACHTREE ROAD, SUITE 820 ATLANTA GA 30326	3343 PEACHTREE ROAD, SUITE 820 ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/25/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **4265 Kellway Circle**
22 Suite, Apt. #, etc.
23 City & State: **Addison, Tx.**
24 Zip: **75244** 25 Country

2a. Mailing Address
26 **4265 Kellway Circle**
27 Suite, Apt. #, etc.
28 City & State: **Addison, Tx.**
29 Zip: **75244** 30 Country

4. FEI Number: **58-1939931** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	GILLEY, JAMES R	12 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	Director	☒ Change ☐ Addition
NAME	BERTCHER, GENE S	22 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	GILLEY, JAMES R	32 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	DYE, CATHERINE	42 NAME		
STREET ADDRESS	3343 PEACHTREE ROAD / STE - 820	43 STREET ADDRESS	3935 Greenoaks Dr.	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Doraville, Ga. 30340	
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	MERRELL, MICHAEL J	52 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	54 CITY-ST-ZIP		
TITLE		61 TITLE	Director	☐ Change ☒ Addition
NAME		62 NAME	Robert L. Griffis	
STREET ADDRESS		63 STREET ADDRESS	4265 Kellway Circle	
CITY-ST-ZIP		64 CITY-ST-ZIP	Addison, Tx. 75244	

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)(i), Florida Statutes. I further certify that the information indicated 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: Michael James Merrell MICHAEL JAMES MERRELL 4-2095 214-407-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300000 FP