

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90126 028 \*\*\*150.00

0552986

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000001258**

1. Corporation Name  
**RSI ENTERPRISES, INC.**



Principal Place of Business  
**3550 N CENTRAL AVE  
 SUITE 200  
 PHOENIX AZ 85012  
 US**

Mailing Address  
**7333 E DOUBLETREE RANCH  
 SUITE 270  
 SCOTTSDALE AZ 85258  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/16/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>84-1145794</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCDS <input type="checkbox"/> DELETE	1.1 TITLE	Vice Chairman, DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUDOHR, JAMES D	1.2 NAME	
STREET ADDRESS	10157 E BAYVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAINERD, TIMOTHY A	2.2 NAME	
STREET ADDRESS	7333 E. DOUBLETREE RANCH RD.	2.3 STREET ADDRESS	4804 E. Palo Brea Lane
CITY-ST-ZIP	SCOTTSDALE AZ	2.4 CITY-ST-ZIP	Cave Creek, AZ 85331
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, DONALD J	3.2 NAME	Ulrich, Donald J. Jr.
STREET ADDRESS	5302 E. DESERT VISTA RD.	3.3 STREET ADDRESS	7530 N. Shadow Mountain Rd.
CITY-ST-ZIP	PARADISE VALLEY AZ	3.4 CITY-ST-ZIP	Paradise Valley, AZ 85253
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, CHRISTIAN	4.2 NAME	
STREET ADDRESS	5302 E DESERT VISTA	4.3 STREET ADDRESS	8180 E. Shea Blvd. #1055
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	4.4 CITY-ST-ZIP	Scottsdale, AZ 85260
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TRACY ULRICH	5.2 NAME	
STREET ADDRESS	7937 E VIA BONITA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *James D. Staudohr* 2/24/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)