

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90061 050 \*\*\*150.00

UBR 1 AI

**DOCUMENT # F95000001258**

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

Principal Place of Business <b>4000 N CENTRAL AVE          SUITE 400          PHOENIX AZ 85012          US</b>	Mailing Address <b>4000 N CENTRAL AVE          SUITE 400          PHOENIX AZ 85012          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>84-1145794</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VCDS</b> <input type="checkbox"/> Delete
NAME	<b>STAUDOHR, JAMES D</b>
STREET ADDRESS	<b>10157 E BAYVIEW DR</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PD BRAINERD, TIMOTHY A</b>
STREET ADDRESS	<b>4804 E. PALO BREA LANE</b>
CITY-ST-ZIP	<b>CAVE CREEK AZ 85331</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DC ULRICH, DONALD J JR.</b>
STREET ADDRESS	<b>7530 N. SHADOW MOUNTAIN RD</b>
CITY-ST-ZIP	<b>PARADISE VALLEY AZ 85253</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D ULRICH, CHRISTIAN</b>
STREET ADDRESS	<b>6241 E CALLE CAMELIA</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D SMITH, TRACY ULRICH</b>
STREET ADDRESS	<b>7937 E VIA BONITA</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7878 E. GANEY RANCH ROAD, #63</b>
CITY-ST-ZIP	<b>SCOTTSDALE, AZ 85258</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Staudohr* **STAUDOHR, JAMES D** **Jan 7, 2002** **602-263-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)