


**4 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001258**

1. Entity Name  
RSI ENTERPRISES, INC.



Principal Place of Business  
4000 N CENTRAL AVE  
SUITE 400  
PHOENIX, AZ 85012 US

Mailing Address  
4000 N CENTRAL AVE  
SUITE 400  
PHOENIX, AZ 85012 US



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1145794

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAINERD, TIMOTHY A 4804 E. PALO BREA LANE CAVE CREEK, AZ 85331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ULRICH, DONALD J JR. 7878 E GAINNEY RANCH ROAD #63 SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRICH, CHRISTIAN 6241 E CALLE CAMELIA SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TRACY ULRICH 7937 E VIA BONITA SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000001684  
01/12/04-80020-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. BRAINERD 1-5-04 602.62724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #