

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90006 045 ***150.00

DOCUMENT # F96000000118

1. Entity Name
RSI MARYLAND, INC.

Principal Place of Business

**4825 RIVER GREEN PKWY
DULUTH GA 30096
US**

Mailing Address

**2600 N LONGVIEW ST
KILGORE TX 75662
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1735189

Applied For

Not Applicable

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 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **PD KANIPE, GARY R**
STREET ADDRESS **609 S NEW HOPE DR., STE 200A**
CITY-ST-ZIP **GASTONIA NC 28054**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 Prodelin Dr.**
CITY-ST-ZIP **Newton, NC 28658**

TITLE ☐ Delete
NAME **VSTD BACH, ANDREW R**
STREET ADDRESS **609 S NEW HOPE DR., STE 200A**
CITY-ST-ZIP **GASTONIA NC 28054**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 Prodelin Dr.**
CITY-ST-ZIP **Newton, NC 28658**

TITLE ☐ Delete
NAME **V SHOEMAKE, MARVIN**
STREET ADDRESS **609 S NEW HOPE DR., STE 200A**
CITY-ST-ZIP **GASTONIA NC 28054**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 Prodelin Dr.**
CITY-ST-ZIP **Newton, NC 28658**

TITLE ☐ Delete
NAME **VGM HEATON, RAYMON**
STREET ADDRESS **4825 RIVER GREEN PKWY**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/AS Joe A. Ylitalo**
STREET ADDRESS **2600 N. Longview St.**
CITY-ST-ZIP **Kilgore, TX 75662**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AT Henry Duperier**
STREET ADDRESS **1500 Prodelin Dr.**
CITY-ST-ZIP **Newton, NC 28658**

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: Joe A. Ylitalo, V.P. Legal & Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

903-988-6097

Daytime Phone #

CR2E034 (9/01)