


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90157 020 ***150.00

DOCUMENT # F96000000118 1. Entity Name RSI MARYLAND, INC.	
--	---

Principal Place of Business 4825 RIVER GREEN PKWY DULUTH, GA 30096 US	Mailing Address 1500 PRODELIN DR. NEWTON, NC 28658 US
---	---

DO NOT WRITE IN THIS SPACE

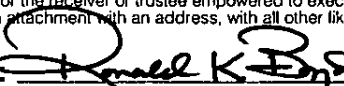
	
04182005	No Chg-P CR2E034 (10/03)
4. FEI Number 54-1735189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KANJIPE, GARY R 1500 PRODELIN DR NEWTON, NC 28658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP BOYD, RONALD K 1500 PRODELIN DRIVE NEWTON, NC 28658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SCHALK, MARK 1500 PRODELIN DRIVE NEWTON, NC 28658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-19-05 828-466-9315 <small>Date Daytime Phone #</small>