

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90223 044 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9600000118

1. Entity Name
 RSI MARYLAND, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4825 RIVER GREEN PARKWAY Suite, Apt. #, etc.		3. Mailing Address 1500 PRODELIN DRIVE Suite, Apt. #, etc.	
City & State DULUTH, GA		City & State NEWTON, NC	
Zip 30096	Country USA	Zip 28658	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1735189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD	
City	PLANTATION FL Zip Code 33324

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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	PRESIDENT GARY R. KANIPE 1500 PRODELIN DRIVE NEWTON, NC 28658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT RONALD K. BOYD 1500 PRODELIN DRIVE NEWTON, NC 28658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER MARK SCHALK 1500 PRODELIN DRIVE NEWTON, NC 28658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald K. Boyd Ronald K. Boyd 1/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)