

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000001933

1. Entity Name
RCG MISSISSIPPI, INC.



**FILED
May 08, 2008 8:00 am
Secretary of State**

05-08-2008 90100 001 *3,600.00

66010069



04012008 Chg-P CR2E034 (12/06)

4. FEI Number 62-1628022	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: WAHLSTROM, MATS
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: SEC
NAME: KOTT, DOUGLAS G
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: DV
NAME: DILL, DAVID
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: T
NAME: FAWCETT, MARK
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: AT
NAME: LIEBERMAN, MARC
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

TITLE: AT
NAME: COLANTONIO, PAUL
STREET ADDRESS: 920 WINTER STREET
CITY-ST-ZIP: WALTHAM, MA 02451

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DV
NAME: Simon Castellanos
STREET ADDRESS: 920 Winter Street
CITY-ST-ZIP: Waltham, MA 02451

TITLE: NAME
STREET ADDRESS: CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**Marc S. Lieberman
Assistant Treasurer**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Date Daytime Phone #