2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# M97000000429

Entity Name: RCI, LLC

Current Principal Place of Business:

7 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054 US

New Mailing Address:

FEI Number: 22-3530212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BUCKMAN, JAMES E
Address: 9 W. 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: MGR ( ) Delete
Name: HOLMES, STEPHEN P
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, VIRGINIA M
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGR (X) Change ( ) Addition
Name: HOLMES, STEPHEN P
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN P HOLMES MGR 05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date