

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002441

FILED
Oct 24, 2007
Secretary of State

Entity Name: RSM BASEC, INC.

Current Principal Place of Business:

5333 FAIRFIELD WAY
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5333 FAIRFIELD WAY
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 75-3035846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, MARY
5333 FAIRFIELD WAY
FT. MYERS, FL 33919 US

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: MARY ROBINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARY, ROBINSON
Address: 5333 FAIRFIELD WAY
City-St-Zip: FT. MYERS, FL 33919 US

Title: D () Delete
Name: NOEL, WIGHT
Address: 2375 TERWOOD RD
City-St-Zip: HUNTINGDON VALLEY, PA 19006 US

Title: D (X) Delete
Name: SHAW-ROSATO, PEGGY
Address: 6800 TILGHMAN ISLAND ROAD
City-St-Zip: SHERWOOD, MD 21665 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: NOEL, WIGHT
Address: 2375 TERWOOD RD
City-St-Zip: HUNTINGDON VALLEY, PA 19006 US

Title: CH (X) Change () Addition
Name: CHRIS, HAMMER
Address: 467 MAIN ST
City-St-Zip: NORTHPORT, NY 11768 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL WIGHT

MS

10/24/2007

Electronic Signature of Signing Officer or Director

Date