

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069574

Entity Name: QVC RS NAPLES, INC.

FILED  
Mar 31, 2010  
Secretary of State

**Current Principal Place of Business:**

10801 CORKSEREW RD  
STE 102  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

1200 WILSON DRIVE  
MC203  
WEST CHESTER, PA 19380

**New Mailing Address:**

FEI Number: 52-2340864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GEORGE, MICHAEL  
Address: 1200 WILSON DRIVE, MC203  
City-St-Zip: WEST CHESTER, PA 19380

Title: VPAS  
Name: MISKO, JOHN  
Address: 1200 WILSON DRIVE, MC203  
City-St-Zip: WEST CHESTER, PA 19380

Title: VPSD  
Name: HAYES, LAWRENCE R  
Address: 1200 WILSON DR. MC 203  
City-St-Zip: WEST CHESTER, PA 19380

Title: CFOT  
Name: O'CONNELL, DANIEL T  
Address: 1200 WILSON AVE., MC 203  
City-St-Zip: WEST CHESTER, PA 19380

Title: VP  
Name: MELTON, KIM M  
Address: 1200 WILSON DR., MC 203  
City-St-Zip: WEST CHESTER, PA 19380

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM M. MELTON

VP

03/31/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date