

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**


05-05-2003 90194 015 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

5/5/2

**DOCUMENT # P02000031845**

1. Entity Name  
**RSI TRANS LOGIC INC.**



Principal Place of Business  
**5911 BENJAMIN CENTER DR  
 TAMPA FL 33634**

Mailing Address  
**5911 BENJAMIN CENTER DR  
 TAMPA FL 33634**

**55044573**



2. Principal Place of Business  
**5424 56th Commerce Park Blvd.**

3. Mailing Address  
**5424 56th Commerce Park Blvd.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number  
**75-3033513**

Applied For  
 Not Applicable

Zip  
**33610**

Country  
**USA**

Zip  
**33610**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MANN, RALPH  
 8710 COBBLESTONE DR  
 TAMPA FL 33615**

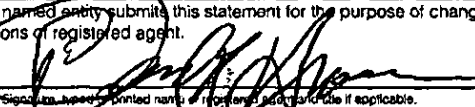
7. Name and Address of New Registered Agent

Name **Dave Brown**

Street Address (P.O. Box Number is Not Applicable)  
**9305 N. 26th Street**

City **Tampa** FL Zip Code **33612**

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  **Operations Mgr. 4/28/03**

(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>President: DAVE BROWN 9305 N. 26th Street Tampa, 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. President RALPH MANN 6105 Galleon Way Tampa, FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Rick Kay 601 Sheridan Road Winnetka, Illinois 60093</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE:  **SIGNATURE REQUIRED**

Date **4/28/03** Daytime Phone # **813-687-0174**

CR20034 (10/02)