2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5

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

05-05-2003 90194 017 ***150.00

DOCUMENT # P02000068553

1. Entity Name
RSI ALLIANCE, INC.

Principal Place of Business
5911 BENJAMIN CENTER DRIVE
TAMPA FL 33634

Mailing Address
5911 BENJAMIN CENTER DRIVE
TAMPA FL 33634

2. Principal Place of Business
5424 56th Commerce Park Blvd
Suite, Apt. #, etc.
City & State: Tampa, Florida
Zip: 33610 Country: USA

3. Mailing Address
5424 56th Commerce Park Blvd.
Suite, Apt. #, etc.
City & State: Tampa Florida
Zip: 33610 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3662693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MANN, RALPH W
8710 COBBLESTONE DRIVE
TAMPA FL 33615

7. Name and Address of New Registered Agent
Name: Joseph Alonge
Street Address (P.O. Box Number is Not Acceptable): 6105 Galleon Way
City: Tampa, FL Zip Code: 33615

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: Joseph P Alonge, President 4/28/03
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, 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	☐ Delete
PRESIDENT Joseph P Alonge 6105 GALLEON WAY TAMPA FL 33615	
V PRESIDENT RALPH MANN 6105 Galleon Way Tampa, FL 33615	
CFO RICK FOX 661 Sheridan Road Winnetka, Illinois 60093	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 4/28/03 813-627-9174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)