# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 27, 2000 8:00 am**
**Secretary of State**
04-27-2000 90063 021 ***158.75

DOCUMENT # P11390

1. Entity Name

RPS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 RPS DR<br>MOON TOWNSHIP PA 15108<br>US | 100 RPS DR<br>MOON TOWNSHIP PA 15108<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1000 FedEx Drive | P.O. Box 108 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Moon Township PA | City & State: Pittsburgh PA |
| Zip: 15108 Country: US | Zip: 15230-0108 Country: US |

4. FEI Number 34-1441019 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
***Make Check Payable to Department of State***

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCEO<br>HOFMANN, IVAN T<br>1000 RPS DR, P.O. BOX 108<br>CORAOPOLIS PA 15108 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1000 FedEx Drive<br>Moon Township PA 15108 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SULLIVAN, DANIEL J<br>P.O. BOX 108, 1000 RPS DR<br>PITTSBURG PA 15230 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1000 FedEx Drive<br>Moon Township PA 15108 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VFA<br>TROMBETTA, RONALD R<br>141 N JAMESTOWN ROAD<br>CORAOPOLIS PA 15108 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1000 FedEx Drive<br>Moon Township PA 15108 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VASG<br>TAYLOR, STEVEN H<br>517 SHADY AVE #32<br>PITTSBURG PA 15206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>1000 FedEx Drive<br>Moon Township PA 15108 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ STEVEN H. TAYLOR 4/24/00 (412) 269-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #