

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90013 007 ***150.00

DOCUMENT # P25880

1. Entity Name
RSC THE QUALITY MEASUREMENT COMPANY

Principal Place of Business

**110 WALNUT ST.
 EVANSVILLE IN 47708**

Mailing Address

**110 WALNUT ST.
 EVANSVILLE IN 47708**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

35-1331140

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, 2002 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

TITLE PD ☐ Delete
NAME BLAIR, MARGARET H.
STREET ADDRESS 110 WALNUT ST
CITY-ST-ZIP EVANSVILLE IN

TITLE V ☐ Delete
NAME ERNSPIGER, C. SUE
STREET ADDRESS 110 WALNUT ST
CITY-ST-ZIP EVANSVILLE IN

TITLE AS ☐ Delete
NAME TRAINUM, MARY PAT
STREET ADDRESS 110 WALNUT ST
CITY-ST-ZIP EVANSVILLE IN

TITLE STD ☐ Delete
NAME COLLIER, LOIS M.
STREET ADDRESS 110 WALNUT ST
CITY-ST-ZIP EVANSVILLE IN

TITLE CD ☐ Delete
NAME COLLIER, REGINALD B.
STREET ADDRESS 110 WALNUT ST
CITY-ST-ZIP EVANSVILLE IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Margaret H. Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

812-425-4880

Daytime Phone #

CR2E034 (9/01)