## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P26013

City-St-Zip:

POTOMAC, MD 20854

Entity Name: RCC CONSULTANTS, INC.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	DBRIDGE CEI	NTER DR		
STE 201 WOODBR	RIDGE, NJ 070	)95125 US		
Current Mailing Address:			New Mailing Address:	
100 WOODBRIDGE CENTER DR				
STE 201 WOODBR	STE 201 WOODBRIDGE, NJ 07095125 US			
FEI Number	: 22-2661497	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
9200 SOU SUITE 508	ITH DADELAN			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ac	ent	Date
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HUNTER, MICH	DGE CENTER DR, STE 201	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	APICELLA, ST 100 WOODBR	) Delete EVEN T IDGE CENTER DR, STE. 201 E, NJ 07095125	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( SMITH, RANDA 9467 TURNBE POTOMAC, MI	RRY DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DST ( SIVERTSEN, E	) Delete 3. ERIC	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN T. APICELLA VPAS 06/29/2005