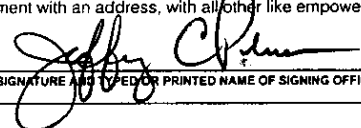


**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90049 027 \*\*\*150.00

A0054974

<b>DOCUMENT # P26489</b>					
1. Entity Name <b>RC INTRACOASTAL INC.</b>					
Principal Place of Business <b>100 N. Riverside Plaza Suite 1400 Chicago, IL 60606</b>		Mailing Address <b>100 N. Riverside Plaza Suite 1400 Chicago, IL 60606</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-3668986</b>	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>The Prentice-Hall Corporation System, Inc. 110 North Magnolia Street Tallahassee, FL 32301</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>		
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DC</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Ishibashi, Kensuke</b>	NAME			
STREET ADDRESS	<b>100 N. Riverside Ste. 1400</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	CITY-ST-ZIP			
TITLE	<b>EVDST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Plack, Jeffrey C.</b>	NAME			
STREET ADDRESS	<b>100 N. Riverside Ste. 1400</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	CITY-ST-ZIP			
TITLE	<b>VAST</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Movanec, Donna</b>	NAME	<b>Hovanec, Donna</b>		
STREET ADDRESS	<b>100 N. Riverside Ste. 1400</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	CITY-ST-ZIP			
TITLE	<b>EVD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Schramm, Michael</b>	NAME			
STREET ADDRESS	<b>100 N Riverside Ste. 1400</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	CITY-ST-ZIP			
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Yokoyama, Hideaki</b>	NAME	<b>Yokoyama, Hideaki</b>		
STREET ADDRESS	<b>100 N. Rvierside Ste. 1400</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Chicago, IL 60606</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>James Purinton</b>		
STREET ADDRESS		STREET ADDRESS	<b>100 N. Riverside Ste. 1400</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Chicago, IL 60606</b>		
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: 		Jeffrey C. Plack		4-20-01 312/669-6400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (11/00)