

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28209** (5)  
1. Corporation Name  
**RESIDENTIAL SERVICES CORPORATION OF AMERICA**



Principal Place of Business <b>7470 E NEW TECHNOLOGY WAY FREDERICK MD 21703 US</b>	Mailing Address <b>7470 E NEW TECHNOLOGY WAY PO BOX 4198 FREDERICK MD 21705-4198 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/21/1990</b>	
4. FEI Number <b>52-1618675</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		5.00 May Be Added to Fees	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	XX Change <input type="checkbox"/> Addition			
NAME	SCHMIDT, WILLIAM E		12 NAME				
STREET ADDRESS	401 HEIGHTS ROAD		13 STREET ADDRESS	71 HANOVER ROAD			
CITY-ST-ZIP	RIDGEWOOD NJ		14 CITY-ST-ZIP	FLORHAM PARK, NJ 07932			
TITLE	DCOB	<input type="checkbox"/> DELETE	21 TITLE	XX Change <input type="checkbox"/> Addition			
NAME	TRASKA, GARY		22 NAME				
STREET ADDRESS	751 BROAD ST		23 STREET ADDRESS	100 MULBERRY ST., GATEWAY CENTER 4, 9TH FL			
CITY-ST-ZIP	NEWARK NJ		24 CITY-ST-ZIP	NEWARK, NJ 07102			
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	XX Change <input type="checkbox"/> Addition			
NAME	CHAPLIN, C EDWARD		32 NAME				
STREET ADDRESS	17 RIDGE ROAD		33 STREET ADDRESS	751 BROAD STREET			
CITY-ST-ZIP	SUMMIT NJ		34 CITY-ST-ZIP	NEWARK, NJ 07102			
TITLE	S	XX DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HALL, SHERRILL M.		42 NAME				
STREET ADDRESS	7470 E NEW TECHNOLOGY WAY		43 STREET ADDRESS				
CITY-ST-ZIP	FREDERICK MD		44 CITY-ST-ZIP				
TITLE	V	XX DELETE	51 TITLE	<input type="checkbox"/> Change XX Addition			
NAME	CRAIG, BARBARA L.		52 NAME				
STREET ADDRESS	7470 E NEW TECHNOLOGY WAY		53 STREET ADDRESS	13001 COUNTY ROAD 10			
CITY-ST-ZIP	FREDERICK MD		54 CITY-ST-ZIP	PLYMOUTH, MN 55442			
TITLE	VPC	XX DELETE	61 TITLE	<input type="checkbox"/> Change XX Addition			
NAME	CRITCHFIELD, JOHN R		62 NAME				
STREET ADDRESS	10313 GRETCHEN NICOL CT		63 STREET ADDRESS	7470 E NEW TECHNOLOGY WAY			
CITY-ST-ZIP	WOODSTOCK MD		64 CITY-ST-ZIP	FREDERICK, MD 21703			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Carolyn Pumphrey*

CR2E034 (10/97)