

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P28209**

1. Corporation Name

**RESIDENTIAL SERVICES CORPORATION OF AMERICA**

Principal Place of Business

**7470 E NEW TECHNOLOGY WAY  
FREDERICK MD 21703  
US**

Mailing Address

**7470 E NEW TECHNOLOGY WAY  
PO BOX 4198  
FREDERICK MD 21705-4198  
US**

2. Principal Place of Business

**21 751 Broad Street**

**22 Suite, Apt. #, etc  
23 Plaza**

**23 City & State  
Newark NJ**

**24 Zip Country  
07102**

2a. Mailing Address

**26 751 Broad Street**

**27 Suite, Apt. #, etc  
23 Plaza**

**28 City & State  
Newark NJ**

**29 Zip Country  
07102**

9. Name and Address of Current Registered Agent

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

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 and title if applicable

(NOTE: Registered Agent Signature is not required for this filing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE** [ ] DELETE  
**NAME** **D SCHMIDT, WILLIAM E**  
**STREET ADDRESS** **71 HANOVER RD**  
**CITY-STATE-ZIP** **FLORHAM PARK NJ 07932**

**TITLE** [ ] DELETE  
**NAME** **DCOB**  
**STREET ADDRESS** **TRABKA, GARY**  
**CITY-STATE-ZIP** **100 MULBERRY ST, GATEWAY CTR 4, 9TH FL  
NEWARK NJ 07102**

**TITLE** [ ] DELETE  
**NAME** **TD**  
**STREET ADDRESS** **CHAPLIN, C EDWARD**  
**CITY-STATE-ZIP** **751 BROAD ST  
NEWARK NJ 07102**

**TITLE** [ ] DELETE  
**NAME** **S**  
**STREET ADDRESS** **CONE, VIRGINIA**  
**CITY-STATE-ZIP** **13001 COUNTRY RD 10  
PLYMOUTH MN 54442**

**TITLE** [ ] DELETE  
**NAME** **P**  
**STREET ADDRESS** **PUMPHREY, CAROLYN**  
**CITY-STATE-ZIP** **7470 E NEW TECHNOLOGY WAY  
FREDERICK MD 21703**

**TITLE** [ ] DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

81 Name

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

83

84 City

**FL** 85 Zip Code

3. Date Incorporated or Qualified

**02/21/1990**

4. FEI Number

**52-1618675**

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution [ ]

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**Assistant Secretary** [ ] Change [X] Addition

**Caryn E. Kenin**

**265 Marcia Way**

**Bridgewater NJ 08807** [ ] Change [ ] Addition

**300002881273--0**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered

**SIGNATURE:**

*Caryn E. Kenin*

**Caryn E. Kenin, Asst. Secretary 5/18/99 (973)802-4049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0647557

CR2E034 (11/98)