


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90108 004 ***150.00

DOCUMENT # P35226

1. Entity Name
RANK AMERICA INC.



Principal Place of Business
**FIVE CONCOURSE PARKWAY
SUITE 2400
ATLANTA GA 30328
US**

Mailing Address
**ROUTE 209
BUSHKILL PA 18324
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **58-1953493**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAUDRAULT, PETER	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRABINSKY, CYRIL	
STREET ADDRESS	1377 NORTH SERRANO AVE	
CITY-ST-ZIP	HOLLYWOOD CA 90027	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORMICK, CHARLES B.A.	
STREET ADDRESS	6 CONNAUGHT PLAZA	
CITY-ST-ZIP	LONDON EN W2- 2EZ	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CASALE, THOMAS V	
STREET ADDRESS	ROUTE 209	
CITY-ST-ZIP	BUSHKILL PA 18324	
TITLE	T	<input type="checkbox"/> Delete
NAME	WREN, SAM	
STREET ADDRESS	6 CONNAUGHT PLACE	
CITY-ST-ZIP	LONDON, ENGLAND W2- 2Z	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WORTHINGTON, W. ANDREW	
STREET ADDRESS	ROUTE 209	
CITY-ST-ZIP	BUSHKILL PA 18324	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MICHAEL EDWARD	
STREET ADDRESS	6 CONNAUGHT PLACE	
CITY-ST-ZIP	LONDON ENGLAND W2-2EZ	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYSON, IAN	
STREET ADDRESS	6 CONNAUGHT PLACE	
CITY-ST-ZIP	LONDON ENGLAND W2-2EZ	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENEY, KITZI	
STREET ADDRESS	FIVE CONCOURSE PARKWAY, SUITE 2400	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEESE, JACKSON L	
STREET ADDRESS	FIVE CONCOURSE PARKWAY, SUITE 2400	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACITTI, PETER V	
STREET ADDRESS	555 HUEL ROAD, NORTHBROOK	
CITY-ST-ZIP	CHICAGO IL 60062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, CHRISTINE	
STREET ADDRESS	6 CONNAUGHT PLACE	
CITY-ST-ZIP	LONDON ENGLAND W2-2EZ	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica J. Calabrese* **REQUIRED** Secretary **3/13/03** (570) 588-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR29034 (1/07/02)