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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

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Corporation Name	1 900000000	
RH, INC.		

i inpinanti ila inina ilini maini antili antili antili antili antili inilia alian cilia attili antili antili a Principal Place of Business Mailing Address 3105 W SCENIC DRIVE 701 EAST CAMINO REAL DANIELSVILLE PA 18038 **BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/17/1993 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0505336 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible **X**No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 <del>Jephanie</del> LINDNER, CARL W Street Address (P.O. Box Number is Not Acceptable) 82 701 EAST CAMINO REAL Camina MIAMI FL 33432 83 84 City Zip Code Raton Boca 33432 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. GB SIGNATURE ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition TITLE DELETE 1.1 TITLE 1.2 NAME NAME LINDNER, CARL W 701 EAST CAMINO REAL 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 1.4 CrTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME COLE, STEPHANIE M 2.3 STREET ADORESS STREET ADDRESS 3105 W SCENIC DRIVE DANIELSVILLE PA CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADORESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)