

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078804 (8)

1. Corporation Name

RSMB INC.

Principal Place of Business

1510 THOMAS LAKE POINT ROAD
EAGAN MN 55122

Mailing Address

1510 THOMAS LAKE POINT ROAD
EAGAN MN 55122



3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 10131-15 Son-Tee

2a. Mailing Address

26 7972 Los Robles Ct.

4. FEI Number

59-3354731

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 Blvd.

27

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Jacksonville, FL

28 Jacksonville, FL

24 32257 25 U.S.

29 32256 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name Thomas Brown

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

7972 Los Robles Ct.

83

84 City Jacksonville

FL

85 Zip Code 32256

11. Pursuant to the provisions of Sections 607.0532 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 Thomas L. Brown

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

NOTE: Registered Agent signature required when registering

DATE:

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, THOMAS L
STREET ADDRESS 1510 THOMAS LAKE POINT ROAD
CITY-ST-ZIP EAGAN MN 55122 ☐ DELETE

TITLE D
NAME BROWN, SANDRA A
STREET ADDRESS 1510 THOMAS LAKE POINT ROAD
CITY-ST-ZIP EAGAN MN 55122 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 7972 Los Robles Ct.
14 CITY-ST-ZIP Jacksonville, FL 32256

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 7972 Los Robles Ct.
24 CITY-ST-ZIP Jacksonville, FL 32256

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS

☐ Change ☐ Addition

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 904-880-1177
Date Daytime Phone #

CR2E034 (12/95)