

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P96000008774

1. Entity Name
RHO, INC.

Principal Place of Business 2295 CORPORATE BOULEVARD N.W. SUITE 222 BOCA RATON FL 33431	Mailing Address 2295 CORPORATE BOULEVARD N.W. SUITE 222 BOCA RATON FL 33431
---	---

66579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0636946	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
-----	---------	-----	---------

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

6. Name and Address of Current Registered Agent
**HERRICK, NORTON
 C/O THE HERRICK COMPANY, INC.
 2295 CORPORATE BLVD N.W. STE. 222
 BOCA RATON FL 33431**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST HERRICK, NORTON 2295 CORPORATE BLVD NW, #222 BOCA RATON FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VAS HERRICK, HOWARD 20 COMMUNITY PLACE, 3RD FLOOR MORRISTOWN NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VAS HERRICK, MICHAEL 20 COMMUNITY PL MORRISTOWN NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VAS Herrick Howard 2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VAS Herrick Michael 2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C Kemmali Nisar 2 Ridgedale Ave, Ste 370 Cedar Knolls NJ 07927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CFO Klein Robert 2 Ridgedale Ave Ste 370 Cedar Knolls NJ 07927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 3.22.01 561-241-9880
 Date Daytime Phone #

CR2E034 (10/00)