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Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **V43391** **(4)**

1. Corporation Name
RCM SERVICES, INC.

Principal Place of Business
798 BERKLEY STREET
BOCA RATON FL 33487

Mailing Address
798 BERKLEY STREET
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1992

4. FEI Number
65-0339303 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 212 HOLLINS LANE
Suite, Apt. #, etc.
22 ~~B~~
City & State
23 ARNOLD MD
Zip 24 21012
Country 25 ANN ARUNDEL

2a. Mailing Address
26 212 HOLLINS LANE
Suite, Apt. #, etc.
27
City & State
28 ARNOLD MD
Zip 29 21012
Country 30 ANN ARUNDELL

9. Name and Address of Current Registered Agent
MCKIE, RONALD H
798 BERKLEY STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name Robert ~~Bob~~ BRANSTETTER, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 400 S. DIXIE HIGHWAY, SUITE 423
83
84 City BOCA RATON FL 85 Zip Code 33487

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 Robert Branstetter, Jr 6/8/98
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MCKIE, RONALD H	
STREET ADDRESS	798 BERKELEY STR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VTS	☐ DELETE
NAME	MCKIE, COLETTE	
STREET ADDRESS	798 BERKELEY STR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	MCKIE, RONALD H	
1.3 STREET ADDRESS	212 HOLLINS LANE	
1.4 CITY-ST-ZIP	ARNOLD MD 21012	
2.1 TITLE	VTS	☒ Change ☐ Addition
2.2 NAME	MCKIE, COLETTE	
2.3 STREET ADDRESS	212 HOLLINS LANE	
2.4 CITY-ST-ZIP	ARNOLD, MD 21012	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		LS
5.3 STREET ADDRESS		6.12
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	500002559415	
6.3 STREET ADDRESS	-06/15/98--01036--013	
6.4 CITY-ST-ZIP	***150.00	

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.

SIGNATURE [signature] 4/30/98 410 544 4698

CR2E034 (10/97)