

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90103 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V43391**

1. Corporation Name
RCM SERVICES, INC.



Principal Place of Business Mailing Address
 212 HOLLINS LANE 212 HOLLINS LANE
 ARNOLD MD 21012 ARNOLD MD 21012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	799 ROLLING VIEW DR	26	799 ROLLING VIEW DR	06/11/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 ANNAPOLIS MD		27		65-0339303	
City & State		City & State		Applied For	
23		28 ANNAPOLIS MD		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24	21401 USA	29	21401 USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution	
USA		USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRANSTETTER, ROBERT JR. 400 S. DIXIE HWY SUITE 423 BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKIE, RONALD H			1.2 NAME			
STREET ADDRESS	212 HOLLINS LANE			1.3 STREET ADDRESS	799 Rolling View Drive		
CITY-ST-ZIP	ARNOLD MD 21012			1.4 CITY-ST-ZIP	Annapolis, MD 21401		
TITLE	VTS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKIE, COLETTE			2.2 NAME			
STREET ADDRESS	212 HOLLINS LANE			2.3 STREET ADDRESS	799 Rolling View Drive		
CITY-ST-ZIP	ARNOLD MD 21012			2.4 CITY-ST-ZIP	Annapolis, MD 21401		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: RAMCKIE MCKIE, RONALD H PRESIDENT Date: 2/8/99 Daytime Phone #: 410 349 8036

CRZE034 (11/98)