

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90834 014 ***150.00

DOCUMENT # V43391

1. Entity Name

RCM SERVICES, INC.

Principal Place of Business

Mailing Address

**799 ROLLING VIEW DR
ANNAPOLIS MD 21401
US****799 ROLLING VIEW DR
ANNAPOLIS MD 21401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0339303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BRANSTETTER, ROBERT JR.
400 S. DIXIE HWY
SUITE 423
BOCA RATON FL 33487**

Name

AUDREY PHILIPPS

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

480 N.E. 37TH ST.

City

BOCA RATON

FL

Zip Code

33431

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 Audrey Philipps
Signature, typed or printed name of registered agent and title if applicable.Audrey Philipps
(NOTE: Registered Agent signature required when reinstating)4/25/01
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCKIE, RONALD H	799 ROLLING VIEW DRIVE	ANNAPOLIS MD 21401	<input type="checkbox"/>
VTS	MCKIE, COLETTE	799 ROLLING VIEW DRIVE	ANNAPOLIS MD 21012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: Ronald H. McKie **RONALD H. MCKIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 **410 349 8036**

Date

Daytime Phone #

CR2E034 (10/00)