

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V43391

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: RCM SERVICES, INC.

**Current Principal Place of Business:**

799 ROLLING VIEW DR  
ANNAPOLIS, MD 21401 US

**New Principal Place of Business:**

**Current Mailing Address:**

799 ROLLING VIEW DR  
ANNAPOLIS, MD 21401 US

**New Mailing Address:**

FEI Number: 65-0339303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, AUDREY  
480 NE 37TH STREET  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKIE, RONALD H  
Address: 799 ROLLING VIEW DRIVE  
City-St-Zip: ANNAPOLIS, MD 21401

Title: VTS ( ) Delete  
Name: MCKIE, COLETTE  
Address: 799 ROLLING VIEW DRIVE  
City-St-Zip: ANNAPOLIS, MD 21012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD H MCKIE

P

04/16/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date