

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90223 044 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9600000118

1. Entity Name
 RSI MARYLAND, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4825 RIVER GREEN PARKWAY
 Suite, Apt. #, etc.

3. Mailing Address
 1500 PRODELIN DRIVE
 Suite, Apt. #, etc.

City & State
 DULUTH, GA

City & State
 NEWTON, NC

4. FEI Number
 54-1735189

Applied For
 Not Applicable

Zip
 30096

Country
 USA

Zip
 28658

Country
 USA

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

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**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City
 PLANTATION

FL

Zip Code
 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

Makes Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY R. KANIPE 1500 PRODELIN DRIVE NEWTON, NC 28658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT RONALD K. BOYD 1500 PRODELIN DRIVE NEWTON, NC 28658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER MARK SCHALK 1500 PRODELIN DRIVE NEWTON, NC 28658
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**DO NOT WRITE
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12. 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald K. Boyd Ronald K. Boyd 1/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone No.

CR2E0348 (12/02)