

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90092 021 ***158.75

DOCUMENT # F94000000978

1. Entity Name

RPS MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

**818 W. BROOKS AVE.
 NORTH LAS VEGAS NV 89030**

**818 W. BROOKS AVE.
 NORTH LAS VEGAS NV 89030-7828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0601404

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHAEFFER, NEIL
 27121 EDENBRIDGE COURT
 BONITA SPRINGS FL 34135**

Name

Neil Schaeffer

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

8452 Gardens Circle #4

City

Sarasota

FL

Zip Code
34243

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

Neil Schaeffer
 Signature, typed or printed name of registered agent and title if applicable

Neil Schaeffer

1/20/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 Delete
 NAME **PTD BIRD, ALLAN S**
 STREET ADDRESS **818 W. BROOKS AVE.**
 CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VS GREEN, PATRICIA M**
 STREET ADDRESS **333 S. JUNIPER ST. #217**
 CITY-ST-ZIP **ESCONDIDO CA 92025**

TITLE Change Addition
 NAME **Patricia M. Green**
 STREET ADDRESS **818 West Brooks Avenue**
 CITY-ST-ZIP **North Las Vegas, Nevada 89030**

TITLE Delete
 NAME **DV BIRD, JOSHUA D**
 STREET ADDRESS **818 W. BROOKS AVE.**
 CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Patricia M. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia M. Green

1/20/00

(702)313-3700

Date

Daytime Phone #