


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 31, 2006 08:00 AM  
Secretary of State**

DOCUMENT # F95000000339  
1. Entity Name  
RMIC CORPORATION



Principal Place of Business  
190 OAK PLAZA BLVD.  
WINSTON-SALEM, NC 27105 US

Mailing Address  
190 OAK PLAZA BLVD.  
ATT: LEGAL DEPT  
WINSTON-SALEM, NC 27105 US



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3048119

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

100000409364  
02/08/06-80096-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	O
NAME	WHITE, WILLIAM G JR.
STREET ADDRESS	RT. 4131 WEDGE DRIVE
CITY-ST-ZIP	PFAFFTOWN, NC 27040
TITLE	D
NAME	DEW, JIMMY
STREET ADDRESS	BOX 827, BERMUDA RUN
CITY-ST-ZIP	ADVANCE, NC 27006
TITLE	D
NAME	ZUCARO, AL
STREET ADDRESS	126 NANTUCKET LANE
CITY-ST-ZIP	BARRINGTON, IL
TITLE	P
NAME	SIMPSON, WILLIAM
STREET ADDRESS	190 OAK PLAZA BLVD.
CITY-ST-ZIP	WINSTON-SALEM, NC 27105
TITLE	V
NAME	PASTERNAK, JOEL H
STREET ADDRESS	190 OAK PLAZA BLVD.
CITY-ST-ZIP	WINSOTN-SALEM, NC 27105
TITLE	S
NAME	DIXON, BETH
STREET ADDRESS	190 OAK PLAZA BLVD.
CITY-ST-ZIP	WINSOTN-SALEM, NC 27105

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel Pasternak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 (336) 661-4229  
Date Daytime Phone #