

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001199

1. Entity Name
RM AUCTIONS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91711 001 ***300.00

Principal Place of Business Mailing Address
5 W. FOREST AVENUE 5 W. FOREST AVENUE
YPSILANTI MI 48197 YPSILANTI MI 48197
RM AUCTIONS, INC.
9300 Wilshire Blvd, Suite 550
Beverly Hills, CA 90212
U.S.A.

73056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For		Not Applicable	
Zip		Zip		Country		Country	
Country		Country		USA		USA	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUDWIG, JEFFREY R P.A. 6620 SOUTHPOINT DR. SOUTH SOUTHPOINT BLDG., SUITE 200 JACKSONVILLE FL 32216		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST FAIRBAIRN, MICHAEL 5 W. FOREST AVENUE YPSILANTI MI 48197 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID GOODING 9300 WILSHIRE BLVD SUITE 550 BEVERLY HILLS CA 90212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAVID T. BROOKS DIR OF FINANCE JAN 11/01 (519) 352 4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)