

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000004015

1. Entity Name
RMC USA, INC.



Principal Place of Business
840 GESSNER, SUITE 1400
HOUSTON, TX 77024 US

Mailing Address
PO BOX 1500
HOUSTON, TX 77251-1500 US



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1983079

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME GONZLAEZ, JESUS
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

TITLE ASD
NAME WHITE, LESLIE S
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

TITLE PD
NAME PEREZ, GILBERTO
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

TITLE V
NAME MILLER, ANDY
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

TITLE TS
NAME EDGELLER, THOMAS J
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

TITLE V
NAME SMITH, DORRANCE K
STREET ADDRESS 840 GESSNER, SUITE 1400
CITY-ST-ZIP HOUSTON, TX 77024

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

[Signature] V.P.-TAX 4/25/07 713-650-6200