


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000004015 1. Entity Name RMC USA, INC.	
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Principal Place of Business 840 GESSNER, SUITE 1400 HOUSTON, TX 77024 US	Mailing Address PO BOX 1500 HOUSTON, TX 77251-1500 US
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04282008 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 <input type="checkbox"/>	\$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 _____

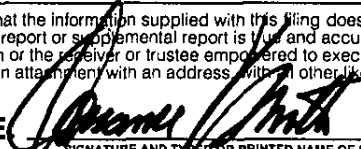
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZLAZ, JESUS 840 GESSNER, SUITE 1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD WHITE, LESLIE S 840 GESSNER, SUITE 1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, GILBERTO 840 GESSNER, SUITE 1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ANDY 840 GESSNER, SUITE 1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EDGEHILL, THOMAS J 840 GESSNER, SUITE 1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DORRANCE K 840 GESSNER, SUITE 1400 HOUSTON, TX 77024

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06/03/08-80040-008 150.00

**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 another like empowered.

SIGNATURE  Dorrance K. Smith 4/30/08 (713)650-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #