

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004109

1. Entity Name
RMC RESEARCH CORPORATION



Principal Place of Business
1501 WILSON BLVD SUITE 1250
ARLINGTON, VA 22209

Mailing Address
1501 WILSON BLVD SUITE 1250
ARLINGTON, VA 22209

FILED
Apr 10, 2007 08:00 AM
Secretary of State



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0819071	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

HENSLEY, TRUDY
2805 W BUSCH BLVD. #222
TAMPA, FL 33618

**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

U00000698221
04/18/07-80072-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARNES, JR., EVERETT 1000 MARKET STREET BLDG #2 PORTSMOUTH, NH 03801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP DWYER, M. CHRISTINE 1000 MARKET STREET BLDG #2 PORTSMOUTH, NH 03801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP TAYLOR, FRED 1501 WILSON BLVD SUITE 1250 ARLINGTON, VA 22209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 reports 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 #

FRED TAYLOR

4/5/07 703-558-4803