# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# F08000005253

**Entity Name:** RMS MORTGAGE INC.

**Current Principal Place of Business:**

24 CHROSTOPHER TOPPI DRIVE
SOUTH PORTLAND, MI 04106

**New Principal Place of Business:**

24 CHRISTOPHER TOPPI DRIVE
SOUTH PORTLAND, ME 04106

**Current Mailing Address:**

24 CHROSTOPHER TOPPI DRIVE
SOUTH PORTLAND, MI 04106

**New Mailing Address:**

24 CHRISTOPHER TOPPI DRIVE
SOUTH PORTLAND, ME 04106

**FEI Number: 01-0464609** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUNRO, JANET
521 WEST VENICE AVE.
UNIT 21
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete
Name: SEELY, JAMES R
Address: 24 CHROSTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, MI 04106

Title: V ( ) Delete
Name: IANNO, MICHAEL G
Address: 24 CHROSTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, MI 04106

Title: S ( ) Delete
Name: DESROCHERS, VALERIE M
Address: 24 CHROSTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, MI 04106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition
Name: SEELY, JAMES R
Address: 24 CHRISTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: V (X) Change ( ) Addition
Name: IANNO, MICHAEL G
Address: 24 CHRISTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: S (X) Change ( ) Addition
Name: DESROCHERS, VALERIE M
Address: 24 CHRISTOPHER TOPPI DRIVE
City-St-Zip: SOUTH PORTLAND, ME 04106

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HAUSLER VP 03/26/2009

Electronic Signature of Signing Officer or Director — Date