

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90070 028 ***150.00

DOCUMENT # F94000000425 OK

1. Corporation Name

Retirement Management Corporation

Principal Place of Business

Mailing Address

Legal Dept.
101 Sun Avenue NE
Albuquerque NM 87109

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/27/94

2. Principal Place of Business

2a. Mailing Address

21

26

101 Sun Ave NE

4. FEI Number

59-3213688

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Attn: Legal Dept.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

Albuquerque, NM

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

87109

30

USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME Andrews, James J.
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

11 TITLE Directors, President & CEO
12 NAME Robert D. Wolff
13 STREET ADDRESS 101 Sun Ave NE
14 CITY-ST-ZIP Albuquerque NM 87109

☐ Change

☒ Addition

TITLE D
NAME Bragdon, Christopher F
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

21 TITLE Director Vice President
22 NAME Mark G. Wimer
23 STREET ADDRESS 101 Sun Ave NE
24 CITY-ST-ZIP Albuquerque NM 87109

☐ Change

☒ Addition

TITLE T/D
NAME Tucker, Darrell C
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

31 TITLE Vice President & Treasurer
32 NAME Matthew G. Patrick
33 STREET ADDRESS 101 Sun Ave NE
34 CITY-ST-ZIP Albuquerque NM 87109

☐ Change

☒ Addition

TITLE S
NAME Rees, Phillip M
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

41 TITLE Secretary
42 NAME Michael T. Berg
43 STREET ADDRESS 101 Sun Ave NE
44 CITY-ST-ZIP Albuquerque NM 87109

☐ Change

☒ Addition

TITLE D
NAME Lane, Edward E
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

51 TITLE Asst. Secretary
52 NAME Jeffrey C. G. Imore
53 STREET ADDRESS 101 Sun Ave NE
54 CITY-ST-ZIP Albuquerque NM 87109

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Michael T. Berg Secretary

2.17.99

Date

505/821.3355

Daytime Phone #

CR2E034 (11/98)