


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000339 1. Entity Name RMIC CORPORATION	
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Principal Place of Business 190 OAK PLAZA BLVD. WINSTON-SALEM, NC 27105 US	Mailing Address 190 OAK PLAZA BLVD. ATT: LEGAL DEPT WINSTON-SALEM, NC 27105 US
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3048119	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 _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000045784 02/11/04-80077-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WHITE, WILLIAM G JR. RT. 4131 WEDGE DRIVE PFAFFTOWN, NC 27040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEW, JIMMY BOX 827, BERMUDA RUN ADVANCE, NC 27006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCARO, AL 126 NANTUCKET LANE BARRINGTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, WILLIAM 190 OAK PLAZA BLVD. WINSTON-SALEM, NC 27105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASTERNAK, JOEL H 190 OAK PLAZA BLVD. WINSOTN-SALEM, NC 27105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIXON, BETH 190 OAK PLAZA BLVD. WINSOTN-SALEM, NC 27105

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IN THIS SPACE**

12. 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 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: Joel H. Pasternak 2/3/04 (326) 661-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #