


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000000339	
1. Entity Name RMIC CORPORATION	

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
--	---



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1000000408364  
02/08/06-80096-011 150.00

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

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 (336) 661-4229  
Date Daytime Phone