

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90181 019 ***150.00

DOCUMENT # F95000001701

1. Entity Name
THE RMI GROUP, INC.



Principal Place of Business
**1393 VETERANS MEMORIAL HWY
307
HAUPPAUGE NY 11788
US**

Mailing Address
**1393 VETERANS MEMORIAL HWY
307
HAUPPAUGE NY 11788
US**

22003403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3230578**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVONICS RESEARCH CORPORATION OF FLORIDA
672 NORTH SEMORAN BLVD.
SUITE 101
ORLANDO FL 32807**

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **SICINSKI, JOSEPH G**
STREET ADDRESS **38 WOODHOLLOW RD.**
CITY-ST-ZIP **GREAT RIVER NY 11739**

TITLE **P D** ☐ Change ☒ Addition
NAME **Arthur P. Guider III**
STREET ADDRESS **8707 Katy Freeway**
CITY-ST-ZIP **Houston Texas 77024**

TITLE **ST** ☒ Delete
NAME **GLEN, CHARLES R**
STREET ADDRESS **1393 VETERANS MEM HWY**
CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE **Secretary, CFO** ☐ Change ☒ Addition
NAME **Joseph E. Link**
STREET ADDRESS **1393 Veterans Mem Hwy Suite 307**
CITY-ST-ZIP **Hauppauge, NY 11788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
Joseph E. Link

1/24/03 (631) 724-0040

Date

Daytime Phone #

CR2E034 (10/02)