2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M04000005632

Entity Name: RMTS, LLC

Current Principal Place of Business:

6 HARRISON STREET
NEW YORK, NY 10013

New Principal Place of Business:

Current Mailing Address:

6 HARRISON STREET
NEW YORK, NY 10013

New Mailing Address:

FEI Number: 20-1049240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	AXON, THOMAS	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	
Title:	MGR	( ) Delete
Name:	CALURI, GREG	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	
Title:	MGR	( ) Delete
Name:	HAGUE, STEPHEN	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	
Title:	MGR	( ) Delete
Name:	BUCKLEY, ANNE	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	
Title:	MGR	( ) Delete
Name:	AXON, NOREEN	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	
Title:	MGR	( ) Delete
Name:	GECK, RONALD	
Address:	6 HARRISON STREET	
City-St-Zip:	NEW YORK, NY 10013	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NOREEN AXON MGR 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date