

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000105147

1. Entity Name
RPM MANUFACTURING SERVICES, INC.



Principal Place of Business
2900 CHILDS ST.
1
BALTIMORE, MD 21226

Mailing Address
707 STARDISH DRIVE
SAINT AUGUSTINE, FL 32086



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0206119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DIFATO, MICHAEL
707 STANDISH DRIVE
SAINT AUGUSTINE, FL 32086

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIFATO, JOSEPH
STREET ADDRESS	413 NIGHT HAWK LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	DIFATO, MICHAEL
STREET ADDRESS	707 STARDISH DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	MILLER, W.HALL
STREET ADDRESS	8805 GOSHEN MILL CT.
CITY-ST-ZIP	GAITHERSBURG, MD 20882
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895606
04/24/08-80074-013 150.00

**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

4/9/08

Date

301-512-8555

Daytime Phone #