2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000645

Entity Name: RMCG CONSULTING, INC.

CATANESE, JOANNE F

BALTIMORE, MD 21202

500 E PRATT ST. SUITE 1400

Name:

Address: City-St-Zip: FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 909 COMMERCE RD ANNAPOLIS, MD 21401 **Current Mailing Address: New Mailing Address:** 500 EAST PRATT STREET 909 COMMERCE RD ANNAPOLIS, MD 21401 SUITE 1400 BALTIMORE, MD 21202 FEI Number: 52-2289201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: (X) Change () Addition DUNN, JACK B IV BANNISTER, DAVID G Name: Name: 500 E PRATT ST. SUITE 1400 777 SOUTH FLAGLER DRIVE, SUITE 1500 Address: Address: City-St-Zip: BALTIMORE, MD 21202 City-St-Zip: WEST PALM BEACH, FL 33401 **EVPD** Title: VΡ Title: () Delete (X) Change () Addition Name: BANNISTER, DAVID G Name: GABRIEL, JEFFREY 500 E PRATT ST. SUITE 1400 909 COMMERCE ROAD Address: Address: BALTIMORE, MD 21202 ANNAPOLIS, MD 21401 City-St-Zip: City-St-Zip: Title: Title: SVPD () Delete () Change () Addition MILLER, ERIC B Name: Name: 500 E PRATT ST. SUITE 1400 Address: Address: City-St-Zip: BALTIMORE, MD 21202 City-St-Zip: Title: () Delete Title: (X) Change () Addition RENO, RONALD RENO, RONALD Name: Name: Address: 909 COMMERCE ROAD Address: 909 COMMERCE ROAD City-St-Zip: City-St-Zip: ANNAPOLIS, MD 21401 ANNAPOLIS, MD 21401 Title: Title: () Delete () Change () Addition

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC B. MILLER SVPD 04/30/2009