

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # P37961 (0)

1. Corporation Name
RMT, INC.



Principal Place of Business

744 HEARTLAND TRAIL
MADISON WI 53717

Mailing Address

744 HEARTLAND TRAIL
MADISON WI 53717

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/19/1992		04/09/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		39-1444890		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible	
Country		Country		6. Election Campaign Financing		Personal Property Tax due June 30.	
25		30		Trust Fund Contribution		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
26		31		7. Additional Fee Required		\$8.75	
27		32		8. May Be Added to Fees		\$5.00	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	
NAME	AHEARN, LANCE W.	1.2 NAME	
STREET ADDRESS	222 WEST WASHINGTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	Vice President
NAME	BUSBY, JOSEPH B.	2.2 NAME	Stephen D. Johannsen
STREET ADDRESS	744 HEARTLAND TRAIL	2.3 STREET ADDRESS	744 Heartland Trail
CITY-ST-ZIP	MADISON WI	2.4 CITY-ST-ZIP	Madison, WI 53717
TITLE	V	3.1 TITLE	President & Director
NAME	SMITH, MARK E	3.2 NAME	
STREET ADDRESS	744 HEARTLAND TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FLOWERS, ROCKNE G.	4.2 NAME	
STREET ADDRESS	NELSON INDUSTRIES INC, PO BOX 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOUGHTON WI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BENJAMIN F. GARMER III	5.2 NAME	
STREET ADDRESS	FOLEY & LARDNER 777 E WISCONSIN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PROTSCH, ELIOT G.	6.2 NAME	
STREET ADDRESS	222 WEST WASHINGTON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark E. Smith

9-4-97

CR2E034 (4/97)