

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90042 038 \*\*\*150.00

**DOCUMENT # P37961**

1. Entity Name  
**RMT, INC.**

Principal Place of Business

**744 HEARTLAND TRAIL  
MADISON WI 53717**

Mailing Address

**744 HEARTLAND TRAIL  
MADISON WI 53717**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1444890**

Applied For  
Not Applicable

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

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHANNSEN, STEPHEN D</b>	
STREET ADDRESS	<b>744 HEARTLAND TRAIL</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAM DICKRELL</b>	
STREET ADDRESS	<b>744 HEARTLAND TRAIL</b>	
CITY-ST-ZIP	<b>MADISON WI 53717</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLOWERS, ROCKNE G.</b>	
STREET ADDRESS	<b>NELSON INDUSTRIES INC, PO BOX 600</b>	
CITY-ST-ZIP	<b>STOUGHTON WI</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENJAMIN F. GARMER III</b>	
STREET ADDRESS	<b>FOLEY &amp; LARDNER 777 E WISCONSIN AVE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PROTSCH, ELIOT G.</b>	
STREET ADDRESS	<b>222 WEST WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, JAMES E</b>	
STREET ADDRESS	<b>200 FIRST ST. S.E.</b>	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA 52401</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Erróll D. Davis, Jr.</b>	
STREET ADDRESS	<b>222 W. Washington Avenue</b>	
CITY-ST-ZIP	<b>Madison, WI 53701</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Dickrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01  
Date

(608) 831-4444  
Daytime Phone #

CR2E034 (10/00)