


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P37961 1. Entity Name RMT, INC.	
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Principal Place of Business 744 HEARTLAND TRAIL MADISON, WI 53717	Mailing Address 744 HEARTLAND TRAIL MADISON, WI 53717
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03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1444890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000473993
04/04/06-80005-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JOHANSEN, STEPHEN D
STREET ADDRESS	744 HEARTLAND TRAIL
CITY-ST-ZIP	MADISON, WI
TITLE	VP
NAME	WILLIAM DICKRELL
STREET ADDRESS	744 HEARTLAND TRAIL
CITY-ST-ZIP	MADISON, WI 53717
TITLE	D
NAME	HARVEY, WILLIAM D
STREET ADDRESS	4902 N BILTMORE LN
CITY-ST-ZIP	MADISON, WI 53718
TITLE	D
NAME	PROTSCH, ELIOT
STREET ADDRESS	200 FIRST ST. S.E.
CITY-ST-ZIP	CEDAR RAPIDS, IA 52401
TITLE	VPS
NAME	MUELKER, RUTH A
STREET ADDRESS	912 CAPITAL OF TEXAS HWY S STE 300
CITY-ST-ZIP	AUSTIN, TX 787465210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: William Dickrell William Dickrell 3/9/06 (608) 831-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #