

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005253

Entity Name: RMS MORTGAGE INC.**Current Principal Place of Business:**24 CHRISTOPHER TOPPI DRIVE
SOUTH PORTLAND, ME 04106**Current Mailing Address:**24 CHRISTOPHER TOPPI DRIVE
SOUTH PORTLAND, ME 04106 US**FEI Number:** 01-0464609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	SEELY, JAMES R.
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	SECRETARY
Name	SEELY, JAMES R.
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	DIRECTOR
Name	SEELY, JAMES R.
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	CFO
Name	GRAY, JOHN E.
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	VP
Name	IANNO, MICHAEL G.
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. SEELY**PRESIDENT****03/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date