

2014 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**FEI Number:** 01-0464609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUNRO, JANET
521 WEST VENICE AVE.
UNIT 21
VENICE, FL 34285 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	PCEO
Name	SEELY, JAMES R
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

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

Title	V
Name	CORNWELL, ERIN A
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	CFO
Name	ORLANDI, ROBERT J
Address	24 CHRISTOPHER TOPPI DRIVE
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	GENERAL COUNSEL
Name	SAUFLEY, WILLIAM E
Address	24 CHRISTOPHER TOPPI DR
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: WILLIAM E. SAUFLEY

GENERAL COUNSEL

03/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date