2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90270 047 ***150.00

DOCUMENT # F99000001655

1. Entity Name
RBMG, INC.

Principal Place of Business	Mailing Address
9710 TWO NOTCH RD. COLUMBIA, SC 29223	9710 TWO NOTCH RD. COLUMBIA, SC 29223

DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2449643
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSS, WILLIAM M
STREET ADDRESS	9710 TWO NOTCH RD.
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	TEVP
NAME	HERBERT, STEVEN F
STREET ADDRESS	9710 TWO NOTCH RD.
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	EVP
NAME	MCCOY, JERALD W
STREET ADDRESS	9710 TWO NOTCH RD.
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	SD
NAME	MAPSON, CHARLES E
STREET ADDRESS	9710 TWO NOTCH RD.
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	EVPD
NAME	BURDSALL, RUSSELL L
STREET ADDRESS	9710 TWO NOTCH RD.
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-04 8034628234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #