

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 06, 2008  
Secretary of State**

DOCUMENT# L03000003421

Entity Name: OSI, LLC

**Current Principal Place of Business:**

989 PRESTONWOOD DRIVE  
EDWARDSVILLE, IL 62025

**New Principal Place of Business:**

**Current Mailing Address:**

989 PRESTONWOOD DRIVE  
EDWARDSVILLE, IL 62025

**New Mailing Address:**

FEI Number: 30-0145099      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLSEN, GREGORY C  
Address: 989 PRESTONWOOD DRIVE  
City-St-Zip: EDWARDSVILLE, IL 62025

Title: ASST ( ) Delete  
Name: OLSEN, MARIA R  
Address: 989 PRESTONWOOD DR  
City-St-Zip: EDWARDSVILLE, IL 62025

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREGORY C. OLSEN      MGRM      01/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date