


**2005 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000466
1. Entity Name
RWI TRANSPORTATION LLC



Principal Place of Business: 2 PLUM STREET, WILDER, KY 41076
Mailing Address: 2 PLUM STREET, WILDER, KY 41076

DO NOT WRITE IN THIS SPACE



02152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 76-0720082
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 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 rehashing)

**Filing Fee is \$50.00
Due by May 1, 2005**

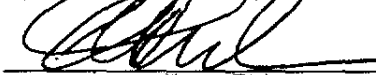
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHULER, WILLIAM M
STREET ADDRESS	2 PLUM STREET
CITY-ST-ZIP	WILDER, KY 41076
TITLE	MGR
NAME	FISTER, CHRISTOPHER L
STREET ADDRESS	2 PLUM STREET
CITY-ST-ZIP	WILDER, KY 41076
TITLE	MGR
NAME	CASTELLINI, ROBERT H
STREET ADDRESS	2 PLUM STREET
CITY-ST-ZIP	WILDER, KY 41076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/05-80018-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  WILLIAM SCHULER 2/15/2005 859-442-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #