

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001094

FILED
Jan 25, 2012
Secretary of State

Entity Name: ONEIDA TOTAL INTEGRATED ENTERPRISES, LLC

Current Principal Place of Business:

1239 FLIGHTWAY DR.
DEPERE, WI 54115

New Principal Place of Business:

Current Mailing Address:

1033 N. MAYFAIR ROAD
SUITE 200
MILWAUKEE, WI 53226

New Mailing Address:

FEI Number: 14-1997327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: RENTMEESTER, WILBERT
Address: 1239 FLIGHTWAY DR.
City-St-Zip: DEPERE, WI 54115

Title: MGRM
Name: DANFORTH, BRUCE
Address: 1239 FLIGHTWAY DR.
City-St-Zip: DEPERE, WI 54115

Title: MGRM
Name: METOXEN, WAYNE
Address: 1239 FLIGHTWAY DR.
City-St-Zip: DEPERE, WI 54115

Title: MGRM
Name: HOUSE, JEFF
Address: 1239 FLIGHTWAY DR.
City-St-Zip: DEPERE, WI 54115

Title: MGRM
Name: ZALIM, JACQUELINE
Address: 1239 FLIGHTWAY DR.
City-St-Zip: DEPERE, WI 54115

I hereby 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: WILBERT RENTMEESTER

MGRM

01/25/2012

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