

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003540

Entity Name: OLI-II, INC.**Current Principal Place of Business:**758 B ST
SPRINGFIELD, OR 97477**Current Mailing Address:**PO BOX 1481
SPRINGFIELD, OR 97477**FEI Number:** 93-1184476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOVACK, THOMAS
4624 QUEENS POINT DRIVE
LAKELAND, FL 33813 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 | PCH |
| Name | NOVACK, THOMAS |
| Address | 3700 BABCOCK LN SPACE # 36 |
| City-State-Zip: | EUGENE OR 97401 |

| | |
|-----------------|----------------------------|
| Title | SD |
| Name | NOVACK, TINA |
| Address | 3700 BABCOCK LN SPACE # 36 |
| City-State-Zip: | EUGENE OR 97401 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | NOVACK, WILLIAM |
| Address | 1187 N HINTERLAND CT |
| City-State-Zip: | MONTICELLO IN 47960 |

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | FLORY, LIZA D |
| Address | 3934 BENT TREE E LOOP |
| City-State-Zip: | LAKELAND FL 33813 |

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: THOMAS E. NOVACK**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date