

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003515

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: SUPPLY CHAIN MANAGEMENT INSTITUTE, LLC

## Current Principal Place of Business:

2425 FRUITVILLE RD  
SARASOTA, FL 34237 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2955  
PONTE VEDRA BEACH, FL 32004 US

## New Mailing Address:

FEI Number: 20-0597208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BETTERTON, GREG A  
981 RIDGEWOOD AVENUE  
SUITE 101  
VENICE, FL 34285 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: LAMBERT, DOUGLAS M  
Address: PO BOX 2955  
City-St-Zip: PONTE VEDRA BEACH, FL 320042955 US

Title: MGR ( ) Delete  
Name: KNEMEYER, MICHAEL A  
Address: PO BOX 641  
City-St-Zip: YELLOW SPRINGS, OH 45387

Title: MGR ( ) Delete  
Name: CROXTON, KEELY L  
Address: 881 GATEHOUSE LANE  
City-St-Zip: COLUMBUS, OH 43235

Title: MGR ( ) Delete  
Name: GARCIA-DASTUGUE, SEBASTIAN J  
Address: PO BOX 517  
City-St-Zip: NEW ALBANY, OH 430540517

## ADDITIONS/CHANGES:

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

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

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: DOUGLAS M. LAMBERT

MGRM

04/25/2009

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