2007 LIMITED LIABILITY COMPANY

Mar 14, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000082528 03-14-2007 90208 021 ****50.00 1. Entity Name OI SMITH, LLC Principal Place of Business Mailing Address 4407 22ND AVENUE WEST 4407 22ND AVENUE WEST BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) City & State City & State 30 - 540 82 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) 4407 22ND AVENUE WEST BRADENTON, FL 34209 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAME SMITH, TIMOTHY M NAME STREET ADDRESS 4407 22ND AVENUE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP MGRM TITLE Delete ☐ Change ☐ Addition SMITH, CLAUDIA J NAME NAME STREET ADDRESS STREET ADDRESS 32955 PERTH ST. CITY-ST-ZIP **LIVONA, MI 48154** CITY-ST-7IP MGRM TITLE TITLE Delete ☐ Change ■ Addition MADSON, KRISTINE M NAME NAME STREET ADDRESS 1728 S. WALNUT DR. STREET ADDRESS CITY-ST-ZIP **WARSAW, IN 46580** CITY-ST-7IP ШE MGRM Delete TITI F Change ☐ Addition ENDERBY, JILL A NAME 36536 HEATHERTON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FARMINGTON, MI 48335 CITY-ST-ZIP TITLE **MGRM** Delete TITLE ☐ Change ☐ Addition SMITH, KEVIN P NAME NAME STREET ADDRESS 1743 WILLOWOOD RD. STREET ADDRESS CITY-ST-7IP **ROCHESTER HILLS, MI 48307** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-7IP

CITY-ST-78

SIGNATURE: Junt M. SIGNATURE AND TYPED OR PROTECT HAME OF BIGH ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE