2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082528

Entity Name: OI SMITH, LLC

City-St-Zip:

ROCHESTER HILLS, MI 48307

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4407 22ND AVENUE WEST BRADENTON, FL 34209 **Current Mailing Address: New Mailing Address:** 4407 22ND AVENUE WEST BRADENTON, FL 34209 FEI Number: 20-5408274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, TIMOTHY M 4407 22ND AVENUE WEST BRADENTON, FL 34209 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SMITH, TIMOTHY M. Name: Name: 4407 22ND AVENUE WEST Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SMITH, CLAUDIA J Name: Address: 32955 PERTH ST. Address: City-St-Zip: LIVONA, MI 48154 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MADSON, KRISTINE M Name: Name: Address: 1728 S. WALNUT DR. Address: City-St-Zip: WARSAW, IN 46580 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ENDERBY, JILL A Name: Name: 36536 HEATHERTON DR. Address: Address: City-St-Zip: FARMINGTON, MI 48335 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition SMITH, KEVIN P Name: Name: 1743 WILLOWOOD RD. Address: Address:

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.

City-St-Zip:

SIGNATURE: TIMOTHY M. SMITH MGRM 01/31/2009