

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M02000001646

FILED
May 10, 2007
Secretary of State**Entity Name:** REYNOLDS INLINER, LLC**Current Principal Place of Business:**4520 N. ST RD 37
ORLEANS, IN 47452**New Principal Place of Business:****Current Mailing Address:**1900 SHAWNEE MISSION PKWY
MISSION, KS 66205**New Mailing Address:****FEI Number:** 01-0684682**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: PATRICK SCHMIDT IN C, ARE OF REYNOLD S , INC.
Address: 4520 N. ST RD 37
City-St-Zip: ORLEANS, IN 47452

Title: PD () Delete
Name: REYNOLDS, JEFFREY J
Address: 4520 NORTH STATE RD 37
City-St-Zip: ORLEANS, IN 47452

Title: V () Delete
Name: PURLEE, LARRY
Address: 4520 NORTH STATE RD 37
City-St-Zip: ORLEANS, IN 47452

Title: VTD () Delete
Name: FANSKA, JERRY W
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION, KS 66205

Title: VS () Delete
Name: CROOKE, STEVEN F
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION, KS 66205

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: V (X) Change () Addition
Name: HARRIS, MARK
Address: 2601 WEST LAKE MARY BLVD., SUITE 129
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: AS () Change (X) Addition
Name: MCGREGOR, STEPHANIE
Address: 2601 WEST LAKE MARY BLVD., SUITE 129
City-St-Zip: LAKE MARY, FL 32746

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: JERRY W. FANSKA

VTD

05/10/2007

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