

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001646

Entity Name: REYNOLDS INLINER, LLC

FILED
Apr 17, 2009
Secretary of State

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 CARE OF REYNOLDS, 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: HARRIS, MARK
Address: 2601 WEST LAKE MARY BLVD., SUITE 129
City-St-Zip: LAKE MARY, FL 32746

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

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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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: JERRY W. FANSKA

VTD

04/17/2009

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