

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001646

Entity Name: REYNOLDS INLINER, LLC

**FILED**  
**Apr 01, 2010**  
**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:**

1900 SHAWNEE MISSION PKWY  
MISSION WOODS, KS 66205

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  
Name: REYNOLDS, INC.  
Address: 4520 N. ST RD 37  
City-St-Zip: ORLEANS, IN 47452

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

Title: V  
Name: HARRIS, MARK  
Address: 2531 JEWETT LANE  
City-St-Zip: SANFORD, FL 32771

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

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

Title: P  
Name: PURLEE, LARRY  
Address: 4520 NORTH STATE ROAD 37  
City-St-Zip: ORLEANS, IN 47452

I hereby 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: CURTIS J SCHMIDT

AT

04/01/2010

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