2007 LIMITED LIABILITY COMPANY

May 03, 2007 8:00 am Secretary of State ANNUAL REPORT 05-03-2007 90252 008 ***150.00 **DOCUMENT # M06000005318** OWENS COMING SALES LLC Principal Place of Business Mailing Address ONE OWENS CORNING PARKWAY ONE OWENS CORNING PARKWAY 60047843 TOLEDO, OH 43659 TOLEDO, OH 43659 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 74-3189734 Not Applicable Žip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing 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 Michael Thaman (Director) TITI F Delete TITLE ☐ Change **▶** Addition CORNÍNĠ, OWEN NAME NAME One Owens Corning Pkwy STREET ADDRESS ONE OWENS CORNING PARKWAY STREET ADDRESS Toledo, OH 43159 CITY-ST-ZIP TOLEDO, OH 43659 CITY-ST-ZIP TITLE ☐ Delete TITLE David T. Brown (Director) Addition ☐ Change NAME 100 One Owers Corning Pkiny STREET ADDRESS STREET ADDRESS J. Tole-6,0H 43659 CITY-ST-ZIP CITY-ST-ZIP TITLE Brian Chambers (C One Owers Corning Pkwy. ☐ Delete (Director Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Toledo, OH 43659 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Ralph A. Than (Director) ☐ Change Addition A NAME NAME One Quens Corning Pkwy. STREET ADDRESS STREET ADORESS CITY-ST-ZIP Toledo, Ott 43659 CITY-ST-ZIP TITLE Delete Stephen Krull (Director) □ Change Addition NAME NAME One Owens Corning PKWy. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Toledo, OH 43659 Joseph J. Mikelonis (Director) TITLE Delete TITLE ☐ Change Addition . NAME One Owens Coming Pking STREET ADDRESS STREET ADDRESS Tolelo, OH 43659 CITY-ST-ZIP

me of signing managing member, manager, or authorized representative

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.