2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# M06000005542

Entity Name: OWENS CORNING ROOFING AND ASPHALT, LLC

Current Principal Place of Business:

ONE OWENS CORNING PARKWAY
TOLEDO, OH 43659

New Principal Place of Business:

Current Mailing Address:

ONE OWENS CORNING PARKWAY
TOLEDO, OH 43659

New Mailing Address:

FEI Number: 32-0176634 **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:	BARGABOS, SHEREE L	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	
Title:	MGR	( ) Delete
Name:	THAMAN, MICHAEL H	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	
Title:	P	( ) Delete
Name:	BARGABOS, SHEREE	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	
Title:	VP	( ) Delete
Name:	MIKELONIS, JOSEPH J	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	
Title:	T	( ) Delete
Name:	THAN, RALPH A	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	
Title:	S	( ) Delete
Name:	KRULL, STEPHEN K	
Address:	ONE OWENS CORNING PKWY	
City-St-Zip:	TOLEDO, OH 43659	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOE MIKELONIS VP 04/23/2009

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