2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008
Secretary of State

DOCUMENT# M06000007146

Entity Name: REG MARKETING & LOGISTICS GROUP, LLC

Current Principal Place of Business:

406 FIRST STREET
RALSTON, IA 51459

New Principal Place of Business:

416 SOUTH BELL AVE
AMES, IA 50010

Current Mailing Address:

406 FIRST STREET
RALSTON, IA 51459

New Mailing Address:

P.O. BOX 888
AMES, IA 50010

FEI Number: 20-5983996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete
Name: RENEWABLE ENERGY GRO, UP, INC.
Address: 406 FIRST STREET
City-St-Zip: RALSTON, IA 51459

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

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

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

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

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

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: PATTISON, JEFF
Address: 416 S BELL AVE
City-St-Zip: AMES, IA 50010

Title: PRES ( ) Change (X) Addition
Name: RAMSBOTTOM, NILE
Address: 416 S BELL AVE
City-St-Zip: AMES, IA 50010

Title: MGR ( ) Change (X) Addition
Name: DANIEL, OH J
Address: 416 S BELL AVE
City-St-Zip: AMES, IA 50010

Title: TRES ( ) Change (X) Addition
Name: SIMON, DAVID
Address: 416 S BELL AVE
City-St-Zip: AMES, IA 50010

Title: VP ( ) Change (X) Addition
Name: HAER, GARY
Address: 416 S BELL AVE
City-St-Zip: AMES, IA 50010

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: DAVID SIMON TRES 06/04/2008

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