

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000334

FILED
Apr 23, 2009
Secretary of State

Entity Name: OWENS CORNING SCIENCE AND TECHNOLOGY, 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: 30-0369347

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: O'BRIEN-BERNINI, FRANK C
Address: ONE OWENS CORNING PARKWAY
City-St-Zip: TOLEDO, OH 43659

Title: MGR () Delete
Name: THAMAN, MICHAEL H
Address: ONE OWENS CORNING PKWY
City-St-Zip: TOLEDO, OH 43659 US

Title: P () Delete
Name: O'BRIEN-BERNINI, FRANK C
Address: ONE OWENS CORNING PKWY
City-St-Zip: TOLEDO, OH 43659 US

Title: VP () Delete
Name: MIKELONIS, JOSEPH J
Address: ONE OWENS CORNING PKWY
City-St-Zip: TOLEDO, OH 43659 US

Title: T () Delete
Name: THAN, RALPH A
Address: ONE OWENS CORNING PKWY
City-St-Zip: TOLEDO, OH 43659 US

Title: S () Delete
Name: KRULL, STEPHEN K
Address: ONE OWENS CORNING PKWY
City-St-Zip: TOLEDO, OH 43659 US

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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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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