


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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| DOCUMENT # M07000002157 1. Entity Name GRIC, LTD. CO. |  |
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| Principal Place of Business 1695 INDIANWOOD CIRCLE, SUITE 100 MAUMEE, OH 43537 | Mailing Address 1695 INDIANWOOD CIRCLE, SUITE 100 MAUMEE, OH 43537 |
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01092008No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 34-1876789 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | DO NOT WRITE IN THIS SPACE |
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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:  DATE: 2/5/08

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

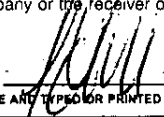
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREEN, JOHN G 1695 INDIANWOOD CIRCLE, SUITE 100 MAUMEE, OH 43537 |
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02/23/08-80012-001 138.75

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.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE