2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# M08000000756

Entity Name: NUFAB REBAR, LLC

Current Principal Place of Business:

1610 S. GRANDSTAFF DRIVE
AUBURN, IN 46706

New Principal Place of Business:

1610 S. GRANDSTAFF DR.
AUBURN, IN 46706

Current Mailing Address:

1610 S. GRANDSTAFF DRIVE
AUBURN, IN 46706

New Mailing Address:

1610 S. GRANDSTAFF DR.
AUBURN, IN 46706

FEI Number: 20-2359760 **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:

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: DODEN, DARYLE L
Address: 1610 S. GRANDSTAFF DRIVE
City-St-Zip: AUBURN, IN 46706

Title: MGR ( ) Delete
Name: SHUHERK, ROBERT J
Address: 1610 S. GRANDSTAFF DRIVE
City-St-Zip: AUBURN, IN 46706

Title: MGR ( ) Delete
Name: ALBERT, JEFF
Address: 1610 S. GRANDSTAFF DRIVE
City-St-Zip: AUBURN, IN 46706

Title: MGR ( ) Delete
Name: GILBERT, PAUL
Address: 1610 S. GRANDSTAFF DRIVE
City-St-Zip: AUBURN, IN 46706

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DODEN, DARYLE L
Address: 1610 S. GRANDSTAFF DR.
City-St-Zip: AUBURN, IN 46706

Title: MGR (X) Change ( ) Addition
Name: SHUHERK, ROBERT J
Address: 1610 S. GRANDSTAFF DR.
City-St-Zip: AUBURN, IN 46706

Title: MGR (X) Change ( ) Addition
Name: ALBERT, JEFFREY D
Address: 1610 S. GRANDSTAFF DR.
City-St-Zip: AUBURN, IN 46706

Title: MGR (X) Change ( ) Addition
Name: GILBERT, PAUL
Address: 1610 S. GRANDSTAFF DR.
City-St-Zip: AUBURN, IN 46706

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: ANNE MEYER POA 05/12/2009

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