



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>124009</b>		2. Exact name of the limited liability company <b>ZEBRA TECHNOLOGIES INTERNATIONAL, LLC</b>			
3. State of Formation <b>ILLINOIS</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SALES OF BAR CODE PRINTERS AND PRINTING MATERIALS</b>			
5. Principal office address <b>333 CORPORATE WOODS PARKWAY</b>		City <b>VERNON HILLS</b>	State <b>ILLINOIS</b>	Zip <b>60061</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MARTIN ULMANIS</b>		Contact Title <b>TAX DIRECTOR</b>			
Street Address <b>333 CORPORATE WOODS PARKWAY</b>		City <b>VERNON HILLS</b>	State <b>ILLINOIS</b>	Zip <b>60061</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Charles R. Whitchurch</b>		Manager Name <b>Phil Gerskovich</b>			
Street Address <b>333 Corporate Woods Pkwy</b>		Street Address <b>333 Corporate Woods Pkwy</b>			
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>
Manager Name <b>Michael H. Tezich</b>		Manager Name			
Street Address <b>333 Corporate Woods Pkwy</b>		Street Address			
City <b>Vernon Hills</b>	State <b>IL</b>	Zip <b>60061</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CT CORPORATION SYSTEM</b>		Address			
Address <b>10 Weybosset Street</b>		City <b>Providence</b>		Zip <b>02903</b>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

124009

FILED

File Date **OCT 01 2007**  
Check No. **003356**  
By: **mne**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Charles R. Whitchurch** 20 Sep 07  
Signature of Authorized Person Date  
**Charles R. Whitchurch**  
Print or Type Name of Authorized Person