



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 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 000160782		2. Exact name of the limited liability company Reynolds Inliner, LLC			
3. State of Formation Indiana		4. Brief description of the character of the business which is actually conducted in Rhode Island Cured-In-Place Pipe Technology for Sewer Rehabilitation			
5. Principal office address 4520 North State Road 37		City Orleans	State IN	Zip 47452	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Curtis J. Schmidt			Contact Title Assistant Treasurer		
Street Address 1900 Shawnee Mission Parkway		City Mission Woods	State KS	Zip 66205	
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 Jeffrey Reynolds			Manager Name Andrew B. Schmitt		
Street Address 4520 North State Road 37		Street Address 1900 Shawnee Mission Parkway			
City Orleans	State IN	Zip 47452	City Mission Woods	State KS	Zip 66205
Manager Name Jerry W. Fanska			Manager Name		
Street Address 1900 Shawnee Mission Parkway		Street Address			
City Mission Woods	State KS	Zip 66205	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

000160782

**FILED**

File Date NOV 03 2008  
Check No. By 3426191  
By: \_\_\_\_\_

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.

Curtis J. Schmidt 10-29-08  
Signature of Authorized Person Date

Curtis J. Schmidt, Assistant Treasurer

Print or Type Name of Authorized Person