



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124009		2. Exact name of the limited liability company Zebra Technologies International, LLC			
3. State of Formation Illinois		4. Brief description of the character of the business which is actually conducted in Rhode Island sales of bar code printers and printing materials			
5. Principal office address 333 Corporate Woods Parkway		City VERNON HILLS	State Illinois	Zip 60061-3109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARTIN ULMANIS		Contact Title Tax Director			
Street Address 333 CORPORATE WOODS PARKWAY		City VERNON HILLS	State IL	Zip 60061-3109	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Edward L Kaplan		Manager Name Charles R. Whitchurch			
Street Address 333 Corporate Woods Pkwy		Street Address 333 Corporate Woods Pkwy			
City VERNON HILLS	State IL	Zip 60061-3109	City VERNON HILLS	State IL	Zip 60061-3109
Manager Name John Kindsvater, Jr.		Manager Name			
Street Address 333 Corporate Woods Pkwy		Street Address			
City VERNON HILLS	State IL	Zip 60061-3109	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 CT CORPORATION SYSTEM		Address			
Address 10 Weybosset Street		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	10/21/05
Check No.	2524
By:	<i>[Signature]</i>
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 10/17/05
Signature of Authorized Person Date

Charles R. Whitchurch
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124009		2. Exact name of the limited liability company ZEBRA TECHNOLOGIES INTERNATIONAL, LLC			
3. State of Formation ILLINOIS		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF BAR CODE PRINTERS AND PRINTING MATERIALS			
5. Principal office address 333 CORPORATE WOODS PARKWAY			City VERNON HILLS	State IL	Zip 60061-3109
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARTIN ULMANIS			Contact Title		
Street Address 333 CORPORATE WOODS PARKWAY			City VERNON HILLS	State IL	Zip 60061-3109
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Edward L Kaplan			Manager Name Charles R. Witchurch		
Street Address 333 Corporate Woods Pkwy			Street Address 333 Corporate Woods Pkwy		
City Vernon Hills	State IL	Zip 60061	City VERNON HILLS	State IL	Zip 60061
Manager Name John Kindsvater, Jr.			Manager Name		
Street Address 333 Corporate Woods Pkwy			Street Address		
City VERNON HILLS	State IL	Zip 60061	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 CT CORPORATION SYSTEM			Address 10 WEYBOSSET STREET		
Address			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 4 0 0 9

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File Date 6/13/05

Check No. 2347

By: DA

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. Witchurch 6/9/05
Signature of Authorized Person Date

Charles R. Witchurch
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 124009		2. Exact name of the limited liability company ZEBRA TECHNOLOGIES INTERNATIONAL, LLC	
3. State of Formation ILLINOIS		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF BARCODE PRINTERS & PRINTING MATERIALS	
5. Principal office address 333 CORPORATE WOODS PKWY		City VERNON HILLS	State IL
		Zip 60061	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARTIN ULMANIS		Contact Title MANAGER OF TAX	
Street Address 333 CORPORATE WOODS		City VERNON HILLS	State IL
		Zip 60061	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
FILL IN SPACES BEFORE USING ATTACHMENTS (EX: BOX FOR ATTACHMENT) <input type="checkbox"/>			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-92			
Manager Name EDWARD L. KAPLAN		Manager Name CHARLES R. WHITCHURCH	
Street Address 333 CORPORATE WOODS PKWY		Street Address 333 CORPORATE WOODS PKWY	
City VERNON HILLS	State IL	City VERNON HILLS	State IL
Zip 60061		Zip 60061	
Manager Name JOHN KINDSVATER JR		Manager Name	
Street Address 333 CORPORATE WOODS PKWY		Street Address	
City VERNON HILLS	State IL	City	State
Zip 60061		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 NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02886

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



FILED

File Date: JAN 21 2004 10:41 AM '04

Check No. 17

By: M7268

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.

Signature of Authorized Person: *Charles R. Whitchurch* Date: 10/20/03

Print or Type Name of Authorized Person: CHARLES R. WHITCHURCH