

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 APR -7 AM 11:48

DOCUMENT # **P01872** (1)
 1. Corporation Name
ADVANCED DRAINAGE SYSTEMS, INC.

Principal Place of Business Mailing Address
3000 RIVERSIDE DRIVE POST OFFICE BOX 218902 COLUMBUS OH 43221

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/03/1984 | 3a. Date of Last Report 06/02/1984 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 51-0105665 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$9.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | CPE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECK, FRANKLIN E. | 1.2 NAME | |
| STREET ADDRESS | 2674 HAVERFORD RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | COLUMBUS OH | 1.4 CITY - ST - ZIP | |
| TITLE | VPS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHLAPATY, JOSEPH A. | 2.2 NAME | |
| STREET ADDRESS | 7815 WICKLOW COURT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | DUBLIN OH | 2.4 CITY - ST - ZIP | |
| TITLE | VP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, BROOKS | 3.2 NAME | |
| STREET ADDRESS | 2444 DORSET RD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | COLUMBUS OH | 3.4 CITY - ST - ZIP | |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUHLREYER, MARK S. | 4.2 NAME | <i>Delete</i> |
| STREET ADDRESS | 1205 BRITTANY LANE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | COLUMBUS OH | 4.4 CITY - ST - ZIP | |
| TITLE | VP | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, DENNIS L. | 5.2 NAME | <i>Delete</i> |
| STREET ADDRESS | 8339 CRAIGIE HILL DRIVE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | DUBLIN OH | 5.4 CITY - ST - ZIP | |
| TITLE | VP | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURGEON, MARK B. | 6.2 NAME | |
| STREET ADDRESS | 2180 CRIMSON COURT | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | WORTHINGTON OH | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Mark B. Sturgeon* 3/29/95 014 457-3057
 ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #

001872

**ADVANCED DRAINAGE SYSTEMS, INC.
3300 RIVERSIDE DRIVE
COLUMBUS, OHIO 43221**

| <u>Officers Name & Title</u> | <u>Address</u> | <u>Social Security #</u> |
|---|---|--------------------------|
| *Franklin E. Eck Chairman and Chief Executive Officer | 8427 Beeswing Court Dublin, OH 43017 | 139-18-2340 |
| *Joseph A. Chlapaty President and Chief Operating Officer | 7815 Wicklow Court Dublin, OH 43017 | 341-36-0148 |
| *Brooks Matthews Vice President - Sales & Marketing | 2444 Dorset Road Columbus, OH 43221 | 423-64-8501 |
| Thomas A. King Vice President New Products & Engr. | 5437 Sheffield Avenue Powell, OH 43065 | 211-36-6125 |
| Mark B. Sturgeon Vice President-Finance Secretary, Treasurer & Chief Financial Officer | 2160 Crimson Court Worthington, OH 43085 | 171-46-8779 |

| <u>Name of Directors</u> | <u>Address</u> | <u>Social Security #</u> |
|--------------------------|--|--------------------------|
| John F. Havens | 4848 Reed Road Columbus, OH 43220 | 298-22-4600 |
| J. Christopher Clifford | 104 Lincoln Road Wayland, MA 01778 | 070-36-9316 |
| Richard A. Rosenthal | 51699 Ashton Court Granger, IN 46530 | 500-32-3489 |
| Ronald C. Martin | 669 Shorewood Drive Frankfort, MI 49635 (summer) | 301-24-4873 |
| *Officer and Director | P.O. Box 3169 Hilton Head Island, SC 29928 (Oct. to June) | |