


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01872</b> 1. Entity Name <b>ADVANCED DRAINAGE SYSTEMS, INC.</b>	
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Principal Place of Business <b>4640 TRUEMAN BLVD HILLARD, OH 43026</b>	Mailing Address <b>4640 TRUEMAN BLVD HILLARD, OH 43026</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0105665</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ECK, FRANKLIN E 4640 TRUEMAN BLVD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CHLAPATY, JOSEPH A 4640 TRUEMAN BLVD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUSSNER, THOMAS M 4640 TRUEMAN BLVD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF STURGEON, MARK B 4640 TRUEMAN BLVD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAAG, JAMES C 4640 TRUEMAN BLVD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENS, JOHN F 2151 GULF SHORE BLVD APT 109 NAPLES, FL 34102

1100000424848  
02/18/06-80066-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  **1/25/06 6146530240**

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SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #