

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01872

**Entity Name:** ADVANCED DRAINAGE SYSTEMS, INC.

**Current Principal Place of Business:**

4640 TRUEMAN BLVD  
HILLARD, OH 43026

**Current Mailing Address:**

4640 TRUEMAN BLVD  
HILLARD, OH 43026

**FEI Number: 51-0105665**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CCEO  
Name CHLAPATY, JOSEPH A  
Address 4640 TRUEMAN BLVD  
City-State-Zip: HILLIARD OH 43026

Title PCOO  
Name CHLAPATY, JOSEPH A  
Address 4640 TRUEMAN BLVD  
City-State-Zip: HILLIARD OH 43026

Title VP  
Name FUSSNER, THOMAS M  
Address 4640 TRUEMAN BLVD  
City-State-Zip: HILLIARD OH 43026

Title VPF  
Name COTTRILL, SCOTT  
Address 4640 TRUEMAN BLVD  
City-State-Zip: HILLIARD OH 43026

Title D  
Name HAVENS, JOHN F  
Address 2151 GULF SHORE BLVD APT 109  
City-State-Zip: NAPLES FL 34102

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT COTTRILL**

**VICE PRESIDENT**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date