

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business: **3300 RIVERSIDE DRIVE POST OFFICE BOX 218902 COLUMBUS OH 43221**  
Mailing Address: **3300 RIVERSIDE DRIVE POST OFFICE BOX 218902 COLUMBUS OH 43221-8902**

3. Date Incorporated or Qualified: **05/03/1984**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>51-0105665</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		30			

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>CPE</b>	<input type="checkbox"/> DELETE
NAME	<b>ECK, FRANKLIN E.</b>	
STREET ADDRESS	<b>8427 BEESWING COURT</b>	
CITY - ST - ZIP	<b>DUBLIN OH</b>	
TITLE	<b>PCOO</b>	<input type="checkbox"/> DELETE
NAME	<b>CHLAPATY, JOSEPH A.</b>	
STREET ADDRESS	<b>7815 WICKLOW COURT</b>	
CITY - ST - ZIP	<b>DUBLIN OH</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATTHEWS, BROOKS</b>	
STREET ADDRESS	<b>2444 DORSET RD.</b>	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, THOMAS A</b>	
STREET ADDRESS	<b>5437 SHEFFIELD AVENUE</b>	
CITY - ST - ZIP	<b>POWELL OH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>STURGEON, MARK B</b>	
STREET ADDRESS	<b>2160 CRIMSON COURT</b>	
CITY - ST - ZIP	<b>WORTHINGTON OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENS, JOHN F</b>	
STREET ADDRESS	<b>4848 REED ROAD</b>	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

*See Attached List*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: **1/27/97** Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)

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

<u>Officers Name &amp; 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
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
Thomas M. Fussner Vice President Manufacturing Operations	4167 Goldthread Court Hilliard, OH 43026	297-56-6126
James R. Haag Vice President - Sales	4236 Goldenseal Way Hilliard, OH 43026	314-46-6498

<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)  P.O. Box 3169 Hilton Head Island, SC 29928 (Oct. to June)	301-24-4873

\*Officer and Director