

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90040 036 ***550.00

DOCUMENT # P01872

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0105665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CPE**
 STREET ADDRESS **ECK, FRANKLIN E.**
 CITY-ST-ZIP **8427 BEESWING COURT**
DUBLIN OH

TITLE Delete
 NAME **PCOO**
 STREET ADDRESS **CHLAPATY, JOSEPH A.**
 CITY-ST-ZIP **7815 WICKLOW COURT**
DUBLIN OH

TITLE Delete
 NAME **VP**
 STREET ADDRESS **FUSSNER, THOMAS M.**
 CITY-ST-ZIP **4167 GOLDTHREAD COURT**
HILLIARD OH

TITLE Delete
 NAME **VP**
 STREET ADDRESS **KING, THOMAS A**
 CITY-ST-ZIP **5437 SHEFFIELD AVENUE**
POWELL OH

TITLE Delete
 NAME **VP**
 STREET ADDRESS **STURGEON, MARK B**
 CITY-ST-ZIP **2160 CRIMSON COURT**
WORTHINGTON OH

TITLE Delete
 NAME **D**
 STREET ADDRESS **HAVENS, JOHN F**
 CITY-ST-ZIP **4848 REED ROAD**
COLUMBUS OH

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

No changes

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/00

Date

614 457 3057

Daytime Phone #

CR2E034 (5/00)