2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# F10000003105

Entity Name: CONTECH STORMWATER SOLUTIONS, INC.

Current Principal Place of Business:

9025 CENTRE POINTE DRIVE, SUITE 400
WEST CHESTER, OH 45069

New Principal Place of Business:

Current Mailing Address:

9025 CENTRE POINTE DRIVE, SUITE 400
WEST CHESTER, OH 45069

New Mailing Address:

FEI Number: 20-3375426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: STEWART, FRED L
Address: 9025 CENTRE POINTE DRIVE, SUITE 400
City-St-Zip: WEST CHESTER, OH 45069

Title: CP
Name: KEATING, RONALD C
Address: 9025 CENTRE POINTE DRIVE, SUITE 400
City-St-Zip: WEST CHESTER, OH 45069

Title: DVP
Name: RAFI, MICHAEL M
Address: 9025 CENTRE POINTE DRIVE, SUITE 400
City-St-Zip: WEST CHESTER, OH 45069

Title: DT
Name: LEE, JEFFREY S
Address: 9025 CENTRE POINTE DRIVE, SUITE 400
City-St-Zip: WEST CHESTER, OH 45069

Title: S
Name: SINGER, THOMAS D
Address: 9025 CENTRE POINTE DRIVE, SUITE 400
City-St-Zip: WEST CHESTER, OH 45069

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: JEFFREY S. LEE DT 02/15/2011

Electronic Signature of Signing Officer or Director Date