

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001015

FILED
Apr 22, 2005
Secretary of State

Entity Name: ASTEC, INC. OF TENNESSEE

Current Principal Place of Business:

4101 JEROME AVE.
P.O. BOX 72787
CHATTANOOGA, TN 374071787

New Principal Place of Business:

Current Mailing Address:

TWO UNION SQUARE
1000 TALLAN BLDG.
CHATTANOOGA, TN 37402

New Mailing Address:

FEI Number: 62-1586570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BROCK, J. DON
Address: 4101 JEROME AVE.
City-St-Zip: CHATTANOOGA, TN 374071787

Title: PD () Delete
Name: SMITH, W. NORMAN
Address: 4101 JEROME AVE.
City-St-Zip: CHATTANOOGA, TN 374071787

Title: SD () Delete
Name: GUTH, ALBERT E
Address: 1725 SHEPHERD ROAD
City-St-Zip: CHATTANOOGA, TN 37421

Title: AS () Delete
Name: LEFFEW, ROBIN
Address: 4101 JEROME AVE.
City-St-Zip: CHATTANOOGA, TN 37407

Title: T () Delete
Name: HALL, F. MCKAMY
Address: 1725 SHEPHERD ROAD
City-St-Zip: CHATTANOOGA, TN 37421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT E. GUTH

SD

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date