2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003033

1. Entity Name
AEARO COMPANY I

Principal Place of Business	Mailing Address
5457 WEST 79TH STREET INDIANAPOLIS, IN 46268	90 MECHANIC ST. SOUTHBRIDGE, MA 01550

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3840356
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CCP
NAME	MCLAIN, MICHAEL
STREET ADDRESS	5457 W. 79TH ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	CST
NAME	KULKA, JEFFREY
STREET ADDRESS	5457 W. 79TH ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	SVMD
NAME	FLOYD, JIM
STREET ADDRESS	5457 W. 79TH ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	SVCD
NAME	KAPUR, RAHUL
STREET ADDRESS	5457 W. 79TH ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	VPAC
NAME	MALLITZ, M. RAND
STREET ADDRESS	5457 W. 79TH ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	VORD
NAME	DAMICO, THOMAS
STREET ADDRESS	5457 WEST 79TH STREET
CITY-ST-ZIP	INDIANAPOLIS, IN 46268

U00000502331
04/25/06-80100-001 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Wojnarowicz John J. Wojnarowicz (508) 764-5525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #