2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # F9700000562 04-28-2006 90233 001 ***300.00 1. Entity Name MYERS INDUSTRIES INTERNATIONAL, INC. NAME CHANGE! MYERS INTERNATIONAL INC. Principal Place of Business 66012754 1293 S. MAIN ST. P.O. BOX 1029 AKRON, OH 44301 ATTN: TAX DEPT **AKRON, OH 44309** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 34-1059277 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI. 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 SIGNATURE _______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Delete TITLE PRES ☐ Change Addition MYERS, STEPHEN E DAVID GRIDER NAME NAME STREET ADDRESS 1293 S. MAIN ST. STREET ADDRESS 1293 S MAIN ST CITY-ST-ZIP **AKRON, OH 44301** CITY-ST-ZIP AKRON OH 44301 TITLE ☐ Delete TITLE DIRECTOR - ONLY Change □ Addition ORR JOHN C NAME NAME STREET ADDRESS 1293 S. MAIN ST. STREET ADDRESS CITY-ST-ZIP **AKRON, OH 44301** CITY-ST-ZIP TREASURER / DIRECTOR TITLE ■ Delete TITLE Change Addition STODNICK, GREGORY J NAME NAME DONALD MERRIL 1293 S. MAIN ST. STREET ADDRESS 1293 S MAIN ST STREET ADDRESS CITY-ST-ZIP **AKRON, OH 44301** CITY-ST-7/P AKRON OH 4430! TITLE ☐ Delete TITLE ☐ Change Addition NAME KEYIN C O'NEIL STREET ADDRESS STREET ADDRESS 1293 S MAIN ST CITY-ST-ZIP CITY-ST-ZIP AHRON OH 44301 TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

KEYIN C D'NEIL

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED