

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01872

FILED
Jan 22, 2008
Secretary of State

Entity Name: ADVANCED DRAINAGE SYSTEMS, INC.

Current Principal Place of Business:

4640 TRUEMAN BLVD
HILLARD, OH 43026

New Principal Place of Business:

Current Mailing Address:

4640 TRUEMAN BLVD
HILLARD, OH 43026

New Mailing Address:

FEI Number: 51-0105665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: ECK, FRANKLIN E
Address: 4640 TRUEMAN BLVD
City-St-Zip: HILLIARD, OH 43026

Title: PCOO () Delete
Name: CHLAPATY, JOSEPH A
Address: 4640 TRUEMAN BLVD
City-St-Zip: HILLIARD, OH 43026

Title: VP () Delete
Name: FUSSNER, THOMAS M
Address: 4640 TRUEMAN BLVD
City-St-Zip: HILLIARD, OH 43026

Title: VPF () Delete
Name: STURGEON, MARK B
Address: 4640 TRUEMAN BLVD
City-St-Zip: HILLIARD, OH 43026

Title: VP () Delete
Name: HAAG, JAMES C
Address: 4640 TRUEMAN BLVD
City-St-Zip: HILLIARD, OH 43026

Title: D () Delete
Name: HAVENS, JOHN F
Address: 2151 GULF SHORE BLVD APT 109
City-St-Zip: NAPLES, FL 34102

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
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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 exemption stated 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 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: RICK A. GEMIENHARDT

DIR

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date