

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 016 ***550.00

DOCUMENT # P14288

1. Entity Name
AMERICAN THERMOPLASTIC EXTRUSION COMPANY



Principal Place of Business
**1602 N. UNION STREET
FOSTORIA, OH 44830**

Mailing Address
**1602 N. UNION STREET
FOSTORIA, OH 44830**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1519209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUN BANK CENTER
201 S. ORANGE AVENUE
ORLANDO, FL 32801**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MILLER, DONALD P.
STREET ADDRESS	1602 N. UNION STREET
CITY-ST-ZIP	FOSTORIA, OH
TITLE	P
NAME	MCCANN, THOMAS J. Thomas Keup
STREET ADDRESS	1602 N. UNION STREET
CITY-ST-ZIP	FOSTORIA, OH
TITLE	T
NAME	BAKER, MARK J
STREET ADDRESS	1602 N. UNION STREET
CITY-ST-ZIP	FOSTORIA, OH
TITLE	D
NAME	SCHALK, EUGENE
STREET ADDRESS	1602 N. UNION STREET
CITY-ST-ZIP	FOSTORIA, OH
TITLE	D
NAME	SANDMAN, DAN
STREET ADDRESS	1602 N UNION STREET
CITY-ST-ZIP	FOSTORIA, OH
TITLE	D
NAME	MILLER, JUDY R
STREET ADDRESS	1602 N. UNION ST.
CITY-ST-ZIP	FOSTORIA, OH 44830

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

Daytime Phone # _____