## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P14288

FILED Jul 14, 2009 Secretary of State

Entity Name: AMERICAN THERMOPLASTIC EXTRUSION COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
4851 NW 1 MIAMI, FL	128TH STREE <sup>T</sup> 33054 US	「ROAD			
Current Mailing Address:			New Maili	New Mailing Address:	
	IION STREET A, OH 44830	US			
FEI Number:	34-1519209	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324	ID ROAD			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	FORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR  C (X) Change ( ) Addition	
Name: Address: City-St-Zip:	DONALD	STREET FOSTORIA OH 44830	Name: Nadress: City-St-Zip:	MILLER, DONALD 1602 N. UNION STREET FOSTORIA OH 44830	
Title: Name: Address: City-St-Zip:	MARK	Delete STREET FOSTORIA OH 44830 44830 US	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition BAKER, MARK J 1602 N. UNION STREET FOSTORIA OH 44830 FOSTORIA, OH 44830 US	
Title: Name: Address: City-St-Zip:	MILLER	Delete STREET FOSTORIA OH 44830 44830 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MILLER, JUDY R 1602 N. UNION STREET FOSTORIA OH 44830 FOSTORIA, OH 44830 US	
Title: Name: Address: City-St-Zip:	S () GILLETT 1602 N. UNION FOSTORIA, OH		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition GILLETT, ANGELA K 1602 N. UNION STREET FOSTORIA, OH 44830 US	
	* *	Delete	Title: Name:	D (X) Change ( ) Addition SANDMAN, DAN	
Title: Name: Address: City-St-Zip:	SANDMAN 2173 HYCROFT PITTSBURGH, F		Address: City-St-Zip:	2173 HYCROFT DRIVE PITTSBURGH, PA 15241 US	

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: MARK J BAKER V 07/14/2009