FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31697** **(6)**

1. Corporation Name
ADVANCED ELASTOMER SYSTEMS, INC.

Principal Place of Business	Mailing Address
540 MARYVILLE CENTRE DRIVE ST. LOUIS MO 63141	540 MARYVILLE CENTRE DRIVE ST. LOUIS MO 63141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 43-1558616 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SELLEW, ROGER F.	12 NAME	
STREET ADDRESS	11968 SACKSTON RIDGE	13 STREET ADDRESS	
CITY-ST-ZIP	CREVE COEVR MO	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	☒ Change ☐ Addition
NAME	MARTIN, MARY A.	22 NAME	
STREET ADDRESS	202 PHLISSAIRE COURT	23 STREET ADDRESS	DELETE
CITY-ST-ZIP	ST. PETERS MO	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ANSTINE, D.J.	32 NAME	
STREET ADDRESS	18712 WILDHORSE CREEK DR	33 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	RODGERS, J.A.	42 NAME	
STREET ADDRESS	1234 TAKARA CT.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PATTON, K.A.	52 NAME	
STREET ADDRESS	14 SPOEDE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	54 CITY-ST-ZIP	
TITLE	AT	61 TITLE	☒ Change ☐ Addition
NAME	DILEO, R.A.	62 NAME	DELETE
STREET ADDRESS	733 ROLFE	63 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-7-95 (314)453-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K.A. PATTON, TREASURER

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