


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90027 007 \*\*\*150.00

<b>DOCUMENT # P31697</b> 1. Entity Name <b>ADVANCED ELASTOMER SYSTEMS, INC.</b>					
Principal Place of Business <b>388 SOUTH MAIN ST. AKRON OH 44311-1059</b>			Mailing Address <b>388 SOUTH MAIN ST. AKRON OH 44311-1059</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete		TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KALUZA, MICHAEL E.		NAME	Paul R Gallagher	
STREET ADDRESS	162 BRANDYWINE DRIVE		STREET ADDRESS	388 S Main St	
CITY-ST-ZIP	HUDSON OH		CITY-ST-ZIP	Akron OH 44311	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATTON, K.A.		NAME	John Lutostanski	
STREET ADDRESS	32380 PINEBROOK LANE		STREET ADDRESS	800 Bell St	
CITY-ST-ZIP	PEPPER PIKE OH		CITY-ST-ZIP	Houston TX 77002	
TITLE	AS <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNYDER, S.L.		NAME	Mary E. Ahner	
STREET ADDRESS	388 S. MAIN ST		STREET ADDRESS	13501 Katy Freeway	
CITY-ST-ZIP	AKRON OH 59		CITY-ST-ZIP	Houston TX 77079-1398	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, JEFFREY W		NAME		
STREET ADDRESS	388 S. MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44311		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Paul R Gallagher</i>			3/30/04 330 849 5019		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<i>Paul R Gallagher, Controller</i>					