

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31697

FILED
Apr 24, 2009
Secretary of State

Entity Name: ADVANCED ELASTOMER SYSTEMS, INC.

Current Principal Place of Business:

388 SOUTH MAIN ST.
AKRON, OH 443111059

New Principal Place of Business:

Current Mailing Address:

800 BELL ST.
CORP EMB RM 2441Q
HOUSTON, TX 77002

New Mailing Address:

FEI Number: 43-1558616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: S () Delete
Name: KALUZA, MICHAEL E
Address: 388 SOUTH MAIN
City-St-Zip: AKRON, OH 44311

Title: C/D () Delete
Name: GALLAGHER, PAUL R
Address: 800 BELL ST
City-St-Zip: HOUSTON, TX 77002

Title: AS () Delete
Name: JENKINS, NATE H
Address: 800 BELL STREET
City-St-Zip: HOUSTON, TX 77002

Title: PD () Delete
Name: VIVIER, LOIC J
Address: 388 S. MAIN ST
City-St-Zip: AKRON, OH 44311

Title: T () Delete
Name: CASTEEL, BETH E
Address: 800 BELL STREET
City-St-Zip: HOUSTON, TX 77002

Title: D () Delete
Name: DAVIS, R. C
Address: 800 BELL STREET
City-St-Zip: IRVING, TX 77002

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: PD (X) Change () Addition
Name: STEDMAN, T. M
Address: 388 S. MAIN ST
City-St-Zip: AKRON, OH 44311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VIVIER, LOIC J
Address: 800 BELL STREET
City-St-Zip: IRVING, TX 77002

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: NATE H. JENKINS

AS

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date