


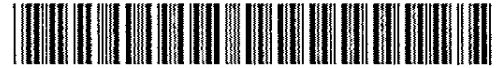
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P36993 1. Entity Name ASTEC AMERICA INC.	
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Principal Place of Business 5810 VAN ALLEN WAY CARLSBAD, CA 92008 US	Mailing Address 5810 VAN ALLEN WAY CARLSBAD, CA 92008 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2930831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELDMACHER, JAY L. 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDY, JOHN 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEB, WILLIAM E 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENAST, TOM 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, HARLEY 8100 W. FLORISSANT AVE., PO BOX 3946 SAINT LOUIS, MO 631360546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000328812  
04/25/05-80093-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William E Hartleb DIRECTOR 4/13/05 (261)930-4737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #