

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005345

**Entity Name:** ATKORE PLASTIC PIPE CORPORATION**Current Principal Place of Business:**16100 S. LATHROP AVE.  
HARVEY, IL 60426**Current Mailing Address:**16100 S. LATHROP AVE.  
HARVEY, IL 60426 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALTZ, WILLIAM  
Address        16100 S. LATHROP AVE.  
City-State-Zip: HARVEY IL 60426

Title            SECRETARY  
Name            KELLY, DANIEL S.  
Address        16100 S. LATHROP AVE.  
City-State-Zip: HARVEY IL 60426

Title            TREASURER  
Name            COHRS, CHARLES M.  
Address        16100 S. LATHROP AVE.  
City-State-Zip: HARVEY IL 60426

Title            DIRECTOR  
Name            MALLAK, JAMES A.  
Address        16100 S. LATHROP AVE.  
City-State-Zip: HARVEY IL 60426

Title            DIRECTOR  
Name            WILLIAMSON, JOHN P.  
Address        16100 S. LATHROP AVE.  
City-State-Zip: HARVEY IL 60426

*I hereby 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 all other like empowered.*

**SIGNATURE: DANIEL S. KELLY****SECRETARY****04/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date