

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

**Astec America Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1480740**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5810 VAN ALLEN WAY

CITY/ST/ZIP: CARLSBAD, CA 92008

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JAY L GELDMACHER TITLE: PRESIDENT ADDRESS: 5810 VAN ALLEN WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92002</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J HARDY TITLE: VICE PRESIDENT ADDRESS: 5810 VAN ALLEN WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92009</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY G WESTMAN TITLE: ASST SECRETARY ADDRESS: 8000 W FLORISSANT AVE CITY/ST/ZIP/CO: ST.LOUIS, MO 63136</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD Y SUNG TITLE: SECRETARY ADDRESS: 5810 VAN ALLEN WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92008</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRUCE DITTMER TITLE: TREASURER ADDRESS: 5810 VAN ALLEN WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92008</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID J RABE TITLE: ASST TREASURER ADDRESS: 8000 W. FLORISSANT AVE CITY/ST/ZIP/CO: ST.LOUIS, MO 63136</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THOMAS C ROSENAST TITLE: VICE PRESIDENT ADDRESS: 5810 VAN ALLEN WAY CITY/ST/ZIP/CO: CARLSBAD, CA 92008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Curt S Wiley TITLE: VICE PRESIDENT ADDRESS: 8000 W Florissant Ave CITY/ST/ZIP/CO: St. Louis, MO 63136	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRUCE DITTMER	BRUCE DITTMER, TREASURER	8/1/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.