FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # **337611** **(8)**

1. Corporation Name
HANDY & HARMAN ELECTRONIC MATERIALS CORPORATION

Principal Place of Business	Mailing Address
72 ELM STREET NORTH ATTLEBORO MA 02760 US	72 ELM STREET 555 THEODORE FREMD AVE NORTH ATTLEBORO MA 02760 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/13/1968**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1223979** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB GRZELECKI, FRANK 312 GREENLEY ROAD NEW CANAAN CT	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOLVAR, ALLEN 10 MATHEWSON LANE BARRINGTON RI	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MUDD, STEVE B 56 MEADOWBROOK ROAD WHITE PLANINS NY	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DIXON, PAUL POUND RIDGE ROAD BEDFORD NY	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD THOMPSON, ROBERT 555 THEODORE FREMD AVE RYE NY	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCLOONE, JOHN 555 THEODORE FREMD AVE RYE NY	☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT 2-29-96 (508) 695-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #