FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90009 044 ***150.00

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DOCUMENT # 337611

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 NORTH ATTLEBORO MA 02760 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/13/1968

2. Principal Place of Business	2a. Mailing Address
21 231 FERRIS AVENUE	26 231 FERRIS AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EAST PROVIDENCE RI	City & State 28 EAST PROVIDENCE RI
Zip 24 02916 Country 25 US	Zip 29 02916 Country 30 US

4. FEI Number: 59-1223979 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	GRZELECKI, FRANK		1.2 NAME	R. LEBLANC	
STREET ADDRESS	312 GREENLEY ROAD		1.3 STREET ADDRESS	231 FERRIS AVENUE	
CITY-ST-ZIP	NEW CANAAN CT		1.4 CITY-ST-ZIP	EAST PROVIDENCE RI 02916	
TITLE	P	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	MOLVAR, ALLEN		2.2 NAME	T. BROUILLARD	
STREET ADDRESS	10 MATHEWSON LANE		2.3 STREET ADDRESS	231 FERRIS AVENUE	
CITY-ST-ZIP	BARRINGTON RI		2.4 CITY-ST-ZIP	EAST PROVIDENCE RI 02916	
TITLE	T	☒ DELETE	3.1 TITLE	VT	☐ Change ☒ Addition
NAME	BURLINSON, ROBERT F		3.2 NAME	D. KELLY	
STREET ADDRESS	162 MURRAY AVENUE		3.3 STREET ADDRESS	231 FERRIS AVENUE	
CITY-ST-ZIP	LARCHMONT NY 10538		3.4 CITY-ST-ZIP	EAST PROVIDENCE RI 02916	
TITLE	VPS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DIXON, PAUL		4.2 NAME		
STREET ADDRESS	POUND RIDGE ROAD		4.3 STREET ADDRESS	231 FERRIS AVENUE	
CITY-ST-ZIP	BEDFORD NY		4.4 CITY-ST-ZIP	EAST PROVIDENCE RI 02916	
TITLE	VP	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	LEBLANC, ROBERT D		5.2 NAME	D. KUHNS	
STREET ADDRESS	83 KEELER DRIVE		5.3 STREET ADDRESS	231 FERRIS AVENUE	
CITY-ST-ZIP	RIDGEFIELD CT 06877		5.4 CITY-ST-ZIP	EAST PROVIDENCE RI 02916	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: THOMAS R. BROUILLARD 4/29/99 (401) 434-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #