2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 337611

1. Entity Name
HANDY & HARMAN ELECTRONIC MATERIALS CORPORATION

Principal Place of Business	Mailing Address
231 FERRIS AVE EAST PROVIDENCE, RI 02916 US	231 FERRIS AVE EAST PROVIDENCE, RI 02916 US

02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000070018
03/01/04-80031-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MURPHY, DAN P
STREET ADDRESS	231 FERRIS AVE
CITY-ST-ZIP	EAST PROVIDENCE, RI 02916
TITLE	P
NAME	BROUILLARD, T
STREET ADDRESS	231 FERRIS AVE
CITY-ST-ZIP	EAST PROVIDENCE, RI 02916
TITLE	VT
NAME	KELLY, D
STREET ADDRESS	231 FERRIS AVE
CITY-ST-ZIP	EAST PROVIDENCE, RI 02916
TITLE	VPS
NAME	DIXON, PAUL
STREET ADDRESS	231 FERRIS AVE
CITY-ST-ZIP	EAST PROVIDENCE, RI 02916
TITLE	V
NAME	ARENA, MARIO
STREET ADDRESS	231 FERRIS AVE
CITY-ST-ZIP	EAST PROVIDENCE, RI 02916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: _____ THOMAS R. BROUILLARD 2/25/04 401-435-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #