

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002565

FILED
Jan 19, 2011
Secretary of State

Entity Name: HAYNES INTERNATIONAL, INC.

Current Principal Place of Business:

1020 W PARK AVE
KOKOMO, IN 46901

New Principal Place of Business:

Current Mailing Address:

PO BOX 9013
KOKOMO, IN 469049013

New Mailing Address:

FEI Number: 06-1185400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: COREY, JOHN C
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

Title: D
Name: BOHAN, PAUL
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

Title: D
Name: CAMPION, DONALD
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

Title: PCEO
Name: COMERFORD, MARK
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

Title: VCFO
Name: MARTIN, MARCEL
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

Title: CAO
Name: MAUDLIN, DANIEL
Address: 1020 W PARK AVE, PO BOX 9013
City-St-Zip: KOKOMO, IN 469049013

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: MARCEL MARTIN

CFO

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date