

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006004

Entity Name: THE EASTERN COMPANY

Current Principal Place of Business:

112 BRIDGE STREET
NAUGATUCK, CT 06770

Current Mailing Address:

P.O. BOX 460
NAUGATUCK, CT 06770

FEI Number: 06-0330020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title CEOP
Name VLAK, AUGUST M
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title VCFO
Name SULLIVAN, JOHN LIII
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title T
Name FINELLI, GENE A
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title S
Name DEWS, THERESA P
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title V
Name KAY, BRIAN
Address 21944 DRAKE ROAD
City-State-Zip: STRONGSVILLE OH 44136

Title VP
Name SAMELA, LEONARD V.
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title VP, COO
Name LABBADIA, ANGELO
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR
Name EVERETS, JOHN W
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

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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: GENE A. FINELLI

TREASURER

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENRY, CHARLES W
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR, CHAIRMAN
Name MITAROTONDA, JAMES A
Address P.O. BOX 460
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR
Name MCMANUS, MICHAEL A
Address P.O. BOX 460
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR
Name LEGANZA, LEONARD F
Address 112 BRIDGE STREET
City-State-Zip: NAUGATUCK CT 06770