## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002565

Entity Name: HAYNES INTERNATIONAL, INC.

**Current Principal Place of Business:** 

1020 WEST PARK AVENUE P.O. BOX 9013

KOKOMO, IN 46904-9013

**Current Mailing Address:** 

1020 WEST PARK AVENUE P.O. BOX 9013

KOKOMO, IN 46904-9013 US

FEI Number: 06-1185400 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Name

Address

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title CORPORATE SECRETARY, VICE

PRESIDENT OF GENERAL COUNSEL COMERFORD, MARK

Name WILKEN, JANICE C.

Address 1020 WEST PARK AVENUE Address 1020 WEST PARK AVENUE

P.O. BOX 9013 P.O. BOX 9013

City-State-Zip: KOKOMO IN 46904-9013 City-State-Zip: KOKOMO IN 46904-9013

TREASURER, VICE PRESIDENT-Title

Title CHIEF ACCOUNTING OFFICER FINANCE, CFO

VAN BIBBER, DAVID MAUDLIN, DANIEL W. Name Name

1020 WEST PARK AVENUE 1020 WEST PARK AVENUE Address Address

> P.O. BOX 9013 P.O. BOX 9013

KOKOMO IN 46904-9013 KOKOMO IN 46904-9013 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

CAMPION, DONALD C. COREY, JOHN Name Name

Address 1020 WEST PARK AVENUE Address 1020 WEST PARK AVENUE

> P.O. BOX 9013 P.O. BOX 9013

City-State-Zip: KOKOMO IN 46904-9013 City-State-Zip: KOKOMO IN 46904-9013

Title **DIRECTOR** Title DIRECTOR

MCCARTHY, TIMOTHY J. Name GETZ, ROBERT H. Name

> 1020 WEST PARK AVENUE 1020 WEST PARK AVENUE Address

P.O. BOX 9013 P.O. BOX 9013

KOKOMO IN 46904-9013 City-State-Zip: KOKOMO IN 46904-9013 City-State-Zip:

## Continues on page 2

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.

CHIEF ACCOUNTING 04/12/2015 SIGNATURE: DAVID VAN BIBBER **OFFICER** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 12, 2015

**Secretary of State** 

CC4682979273

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SHOR, MICHAEL L.

Address 1020 WEST PARK AVENUE

P.O. BOX 9013

City-State-Zip: KOKOMO IN 46904-9013