

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002565

Entity Name: HAYNES INTERNATIONAL, INC.

Current Principal Place of Business:

1020 W PARK AVE
KOKOMO, IN 46901

FILED
Apr 02, 2013
Secretary of State
CC0906056387

Current Mailing Address:

PO BOX 9013
KOKOMO, IN 46904-9013

FEI Number: 06-1185400

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 D
Name COREY, JOHN C
Address 1020 W PARK AVE, PO BOX 9013
City-State-Zip: KOKOMO IN 46904-9013

Title P
Name COMERFORD, MARK M
Address 1020 W PARK AVE, PO BOX 9013
City-State-Zip: KOKOMO IN 46901

Title VP
Name LOSCH, MARLIN C
Address 1020 W PARK AVE, PO BOX 9013
City-State-Zip: KOKOMO IN 46901

Title S
Name WILKEN, JANICE C
Address 1020 W PARK AVE, PO BOX 9013
City-State-Zip: KOKOMO IN 46901

Title V.P. FINANCE, CFO
Name MAUDLIN, DANIEL W
Address 1020 W PARK AVE, PO BOX9013
KOKOMO IN 469
City-State-Zip: KOKOMO IN 46901

Title VP
Name PINKHAM, SCOTT R
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title VP
Name NEEL, JEAN R
Address 1020 W PARK
City-State-Zip: KOKOMO IN 46901

Title VP
Name ISHWAR, VENKAT R
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

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.

SIGNATURE: DANIEL MAUDLIN

CFO

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF INFO OFFICER
Name YOUNG, JEFFREY
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title CONTROLLER
Name VAN BIBBER, DAVID S
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title D
Name CAMPION, DONALD C
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title D
Name GETZ, ROBERT H
Address 1020 W PARK AVE
City-State-Zip: KOKOMO FL 46901

Title D
Name WALL, WILLIAM
Address 1020 W PARK AVE
City-State-Zip: KOKOMO FL 46901

Title VP
Name SPALDING, GREGORY M
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title D
Name BOHAN, PAUL J
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title D
Name MCCARTHY, TIMOTHY J
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901

Title D
Name SHOR, MICHAEL L
Address 1020 W PARK AVE
City-State-Zip: KOKOMO IN 46901