

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27172

Entity Name: ELLIOTT COMPANY**Current Principal Place of Business:**901 NORTH FOURTH STREET
JEANNETTE, PA 15644**Current Mailing Address:**901 NORTH FOURTH STREET
TAX DEPARTMENT, CB203
JEANNETTE, PA 15644-1474 US**FEI Number:** 25-1555755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 CEO
Name YASUYUKI, URUMA
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title SECR
Name COX, WILLIAM K
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name RANN, JOHN
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name FRYE, RONALD
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title CFO
Name CRUICKSHANK, GEORDIE
Address 901 NORTH FOURTH ST.
City-State-Zip: JEANNETTE PA 15644

Title COO
Name LORDI, MICHAEL T
Address 901 NORTH FOURTH ST.
City-State-Zip: JEANNETTE PA 15644

Title TREA
Name STEINMETZ, CHARLES T
Address 901 N. FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name BRIAN, LAPP C
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

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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: WILLIAM K. COXVP, LEGAL, GENERAL
COUNSEL & SECRETARY

04/06/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name GATEWOOD, CAROL
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name TOSHIHIKO, MIYASHITA
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name YASUYUKI, URUMA
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name AKIO, TERAGAKI
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name WILSHIRE, SCOTT
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name LORDI, MICHAEL T
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title OFFICER, CONTROLLER
Name KLINE, ROBERT
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name ATSUO, OHI
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name OWEN, DIANE B
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name TOSHIHIKO, MIYASHITA
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title VP
Name SHUGO, HOSODA
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644

Title DIRECTOR
Name DUNLAP, TERRY
Address 901 NORTH FOURTH STREET
City-State-Zip: JEANNETTE PA 15644