2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #337611

1. Entity Name

HANDY & HARMAN ELECTRONIC MATERIALS CORPORATION



FILED
Mar 14, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

231 FERRIS AVE EAST PROVIDENCE, RI 02916

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231 FERRIS AVE

EAST PROVIDENCE, RI 02916 US

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-1223979

03082005

Applied For Not Applicable

5. Certificate of Status Desired

\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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 The above named entity submits this statement for the p the obligations of registered agent 	surpose of changing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

10. OFFICERS AND DIRECTORS TITLE MURPHY, DAN P 231 FERRIS AVE STREET ADDRESS CITY-ST-ZIP EAST PROVIDENCE, RI 02916 TITLE BROUILLARD, T NAME 231 FERRIS AVE STREET ADDRESS CITY-ST-ZIP EAST PROVIDENCE, RI 02916 TITLE NAME KELLY, D

U00000261630 03/14/05-80019-013 150.00

STREET ADDRESS

231 FERRIS AVE
CITY-ST-ZIP

EAST PROVIDENCE, RI 02916

TITLE

NAME

KELLY, D

STREET ADDRESS

CITY-ST-ZIP

EAST PROVIDENCE, RI 02916

TITLE

VPS

NAME

DIXON, PAUL

STREET ADDRESS

CITY-ST-ZIP

EAST PROVIDENCE, RI 02916

TITLE

VPS

CITY-ST-ZIP

EAST PROVIDENCE, RI 02916

TITLE

V

NAME

ARENA, MARIO

STREET ADDRESS

231 FERRIS AVE

STREET ADDRESS

231 FERRIS AVE

EAST PROVIDENCE, RI 02916

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12. I hereby certify that the information supplied of the his filling boes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an express, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05

914 925-4966