2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #809560** 04-29-2004 90320 043 ***150 00 1. Entity Name KENNAMETAL INC. Principal Place of Business Mailing Address **ヤゴハエハゴハ**の 1600 TECHNOLOGY WAY 1600 TECHNOLOGY WAY P.O. BOX 231 LATROBE, PA 15650 P.O. BOX 231 LATROBE, PA 15650 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 CR2F034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 25-0900168 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. .. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE Change ☐ Addition TAMBAKERAS, MARKOS I NAME NAME PO BOX 231, 1600 TECHNOLOGY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LATROBE, PA 15650 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BREISINGER, JAMES R NAME NAME PO BOX 231, 1600 TECHNOLOGY WAY STREET ADDRESS STREET ADDRESS CITY, ST-7IP CITY-ST-ZIP LATROBE, PA 15650 Vice President TITLE Change TITLE Delete ☐ Addition NAME MORRISON, JAMES E. NAME PO BOX 231, 1600 TECHNOLOGY WAY same STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LATROBE, PA 15650 CITY-ST-ZIP Corporate Treasurer TITLE **Addition** TITLE Delete ARNOLD, DAVID B Lawrence Lanza NAME NAME PO Box 231, 1600 Technology Way Latrobe PA 15650 STREET ADDRESS PO BOX 231, 1600 TECHNOLOGY WAY STREET ADDRESS CITY-ST-ZIP LATROBE, PA 15650 CITY-ST-ZIP Addition ☐ Defete ☐ Change TITLE VS TITLE NAME GREENFIELD, DAVID W NAME STREET ADDRESS STREET ADDRESS PO BOX 231, 1600 TECHNOLOGY WAY CITY-ST-ZIP LATROBE, PA 15650 CITY+ST-ZIP TITLE ATDT Delete TITLE Change Addition KELLY, BRIAN E NAME NAME STREET ADDRESS 1600 TECHNOLOGY WAY STREET ADDRESS CITY-ST-7IP LATROBE, PA 15650 CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does 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 trustee 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 as address, with all other like empowered.

FILED