

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90023 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        |                                                                                                                                      |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 810763</b><br>1. Entity Name<br><b>EAGLEPICHER INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                     |                                                                                                          |
| Principal Place of Business<br><b>3402 E. UNIVERSITY DRIVE<br/>PHOENIX, AZ 85034 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        | Mailing Address<br><b>3402 E. UNIVERSITY DRIVE<br/>PHOENIX, AZ 85034 US</b>                                                          |                                                                                                          |
| 2. Principal Place of Business<br><b>2424 JOHN DALY ROAD</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                        | 3. Mailing Address<br><b>2424 JOHN DALY ROAD</b><br>Suite, Apt. #, etc.                                                              |                                                                                                          |
| City & State<br><b>INKSTER, MI</b><br>Zip<br><b>48141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        | City & State<br><b>INKSTER, MI</b><br>Zip<br><b>48141</b>                                                                            |                                                                                                          |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        | Country                                                                                                                              |                                                                                                          |
| 4. FEI Number<br><b>31-0268670</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        | <b>\$8.75</b> Additional Fee Required                                                                                                |                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                                                                      |                                                                                                          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                                                                                                                      |                                                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b><br><b>PILHOLSKI, THOMAS R</b><br><b>3402 E. UNIVERSITY DRIVE</b><br><b>PHOENIX, AZ 85034</b> <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <b>See Attached List for Additions</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b><br><b>WYLER, JOEL P.</b><br><b>LANGE VOORHOUT 16, 2514 EE THE HAGUE</b><br><b>THE NETHERLANDS,</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>T</b><br><b>SCHERENBERG, TOM B</b><br><b>250 E FIFTH ST, SUITE 500</b><br><b>CINCINNATI, OH 45202</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VPS</b><br><b>KRALL, DAVID G</b><br><b>250 E FIFTH ST, SUITE 500</b><br><b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b><br><b>SULLIVAN, JOHN F</b><br><b>250 E FIFTH ST, STE 500</b><br><b>CINCINNATI, OH 45202</b> <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b><br><b>MILLS, JERRY</b><br><b>3402 E. UNIVERSITY DRIVE</b><br><b>PHOENIX, AZ 85034</b> <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered. |                                                                                                                                                        |                                                                                                                                      |                                                                                                          |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        | Date <b>4/27/06</b><br><small>Daytime Phone #</small>                                                                                |                                                                                                          |

40092650



04132006 Chg-P CR2E034 (11/05)

## EAGLEPICHER INCORPORATED

### Directors:

Stuart B. Gleichenhaus

David L. Treadwell

Douglas C. Laux

2424 John Daly Road, Inkster, MI 48141

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### Officers:

Stuart Gleichenhaus

Chairman, President and CEO,  
Chief Restructuring Officer

2424 John Daly Road, Inkster, MI 48141

David L. Treadwell

Chief Operating Officer

2424 John Daly Road, Inkster, MI 48141

Douglas C. Laux

Senior Vice President and Chief Financial Officer

2424 John Daly Road, Inkster, MI 48141

David G. Krall

Senior Vice President, General Counsel & Secretary

2424 John Daly Road, Inkster, MI 48141

Brian Swartz

Vice President & Controller

2424 John Daly Road, Inkster, MI 48141

Adam B. Pollock

Vice President – Finance

2424 John Daly Road, Inkster, MI 48141

ATTACHMENT

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#810763