

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 816047 (5)**  
 1. Corporation Name  
**HARDINGE INC.**



Principal Place of Business <b>ONE HARDINGE DRIVE ELMIRA NY 14902 US</b>	Mailing Address <b>P O BOX 1507 ELMIRA NY 14902 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/06/1962</b>	
21		26		4. FEI Number <b>16-0470200</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		25			
29		30			

g. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGAN, ROBERT E.</b>	1.2 NAME	
STREET ADDRESS	<b>309 HOLLEY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELMIRA NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CEOP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, MALCOLM L.</b>	2.2 NAME	
STREET ADDRESS	<b>109 REDWING LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HORSEHEADS NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENLEE, DOUGLAS A</b>	3.2 NAME	
STREET ADDRESS	<b>205 KENNEDY DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HORSEHEADS NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPF</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONS, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>1219 W CLINTON ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELMIRA NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUL, ALLAN J</b>	5.2 NAME	
STREET ADDRESS	<b>109 MONROE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HORSEHEADS NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNELLY, THOMAS T</b>	6.2 NAME	
STREET ADDRESS	<b>114 COUNTRY CLUB DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELMIRA NY</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Thomas T Connelly*

CR2E034 (10/97)