


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F01000006234 1. Entity Name THE ESAB GROUP, INC.	
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Principal Place of Business 411 SOUTH EBENEZER ROAD FLORENCE, SC 29501	Mailing Address PO BOX 100545 FLORENCE, SC 29501-0545
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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-0966648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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.

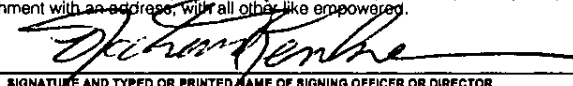
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000910923 05/07/08-80019-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HEIDEN, JILL D 411 S EBENEZER ROAD FLORENCE, SC 29501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, DAVID P 801 WILSON AVEN HANOVER, PA 17331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERSHNER, RICHARD E 411 SOUTH EBENEZER ROAD FLORENCE, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, RICHARD J 411 S. EBENEZER ROAD FLORENCE, SC 29501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFART, JEFF 411 S. EBENEZER ROAD FLORENCE, SC 295017916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4/15/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #