2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # F98000004010 1. Entity Name BRUSH WELLMAN INC. 04-27-2000 90014 023 ***150.00 Principal Place of Business Mailing Address 17876 ST, CLAIR AVE. 17876 ST. CLAIR AVE. CLEVELAND OH 44110 CLEVELAND OH 44110-2602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 34-0119320 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PCD** Change ☐ Addition ☐ Delete TITLE TITLE HARNETT, G D NAME NAME STREET ADDRESS 17876 ST. CLAIR AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH** ☐ Change TITLE ☐ Addition ☐ Delete TITLE HASYCHAK, M C NAME NAME 17876 ST. CLAIR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEVELAND OH CITY-ST-ZIP TITLE ☐ Delete TITLE GRAMPA, JOHN NAME NAME 17876 ST. CLAIR AVE. STREET ADDRESS STREET ADDRESS **CLEVELAND OH 44110** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE PALLAM, J J NAME NAME 17876 ST. CLAIR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEVELAND OH ☐ Change ☐ Addition ☐ Delete TITLE DERRY, B J NAME NAME 17876 ST. CLAIR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH** ☐ Delete TITLE Change □ Addition TITLE FREEMAN, S NAME 17876 ST. CLAIR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH** CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TOPES OF POINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DESCRIPTION OF DESCRIPTI

13. 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 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all biffer like empowered.