

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90205 050 ***150.00

DOCUMENT # F98000004010	
1. Entity Name BRUSH WELLMAN INC.	

Principal Place of Business 17876 ST. CLAIR AVE. CLEVELAND OH 44110	Mailing Address 17876 ST. CLAIR AVE. CLEVELAND OH 44110
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 34-0119320		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

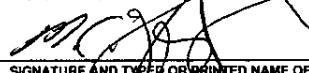
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HARNETT, G D 17876 ST. CLAIR AVE. CLEVELAND OH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HASYCHAK, M C 17876 ST. CLAIR AVE. CLEVELAND OH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAMPA, JOHN 17876 ST. CLAIR AVE. CLEVELAND OH 44110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKOCH, D A 17876 ST. CLAIR AVE. CLEVELAND OH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARROTTE, J. P. 17876 ST. CLAIR AVE. CLEVELAND OH ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASCHKE, T G 17876 ST CLAIR AVE. CLEVELAND, OH ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLIMKOWICZ, D G 17876 ST. CLAIR AVE. CLEVELAND OH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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:


MICHAEL C. HASYCHAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

(216) 486-4200
Daytime Phone #