2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000004010

1. Entity Name
BRUSH WELLMAN INC.

Principal Place of Business	Mailing Address
17876 ST. CLAIR AVE. CLEVELAND, OH 44110	17876 ST. CLAIR AVE. CLEVELAND, OH 44110

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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, 2005 Fee Will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARNETT, G D
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH
TITLE	VST
NAME	HASYCHAK, M C
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH
TITLE	D
NAME	GRAMPA, JOHN
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH 44110
TITLE	VD
NAME	SKOCH, D A
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH
TITLE	V
NAME	MASCHKE, TG
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH
TITLE	V
NAME	KLIMKOWICZ, D G
STREET ADDRESS	17876 ST. CLAIR AVE.
CITY-ST-ZIP	CLEVELAND, OH

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04/27/05-80034-014 150.00

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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: _____ 4/22/05 (216) 486-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #