

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07211 (6)

1. Corporation Name
BARNES GROUP INC.



Principal Place of Business Mailing Address
EXECUTIVE OFFICE
123 MAIN STREET
BRISTOL CT 06011-7489

3. Date Incorporated or Qualified 08/26/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 06-0247840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, WALLACE	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	BRISTOL CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNES, THOMAS O.	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	BRISTOL CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, THEODORE	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	BRISTOL CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LOCHER, JOHN J	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	BRISTOL CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEARDSLEY, MARY LOUISE	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	BRISTOL CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BESSER, JOHN E.	
STREET ADDRESS	63 QUORN HUNT ROAD	
CITY-ST-ZIP	W. SIMSBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Senior V.P. Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Douglas P. Hamilton	
13 STREET ADDRESS	123 Main Street	
14 CITY-ST-ZIP	Bristol, CT 06011-0489	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Senior V.P. - Human Resources	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Joseph R. Kowalchik	
63 STREET ADDRESS	123 Main Street	
64 CITY-ST-ZIP	Bristol, CT 06011-0489	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *[Signature]* V.P. - Treasurer 4/26/96 (860) 583-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)