

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07211

FILED
Apr 25, 2008
Secretary of State

Entity Name: BARNES GROUP INC.

Current Principal Place of Business:

EXECUTIVE OFFICE
123 MAIN STREET
BRISTOL, CT 060110489 US

New Principal Place of Business:

CORPORATE OFFICE
123 MAIN STREET
BRISTOL, CT 060110489 US

Current Mailing Address:

EXECUTIVE OFFICE
123 MAIN STREET
BRISTOL, CT 060110489 US

New Mailing Address:

CORPORATE OFFICE
123 MAIN STREET
BRISTOL, CT 060110489 US

FEI Number: 06-0247840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DEFORTE, JOSPEH D
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010

Title: SVFC () Delete
Name: DENNINGER, WILLIAM C
Address: 123 MAIN ST
City-St-Zip: BRISTOL, CT

Title: SVHR () Delete
Name: ARRINGTON, JOHN R
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT

Title: PCEO () Delete
Name: CARPENTER, EDMUND M
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT

Title: VP () Delete
Name: BOYLE, FRANK C
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT

Title: SVGS () Delete
Name: GATES, SIGNE S
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change () Addition
Name: MILZCIK, GREGORY F
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. DEFORTE

VP

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date