

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07211

FILED
Mar 08, 2010
Secretary of State

Entity Name: BARNES GROUP INC.

Current Principal Place of Business:

CORPORATE OFFICE
123 MAIN STREET
BRISTOL, CT 060106376 US

New Principal Place of Business:

Current Mailing Address:

CORPORATE OFFICE
123 MAIN STREET
BRISTOL, CT 060106376 US

New Mailing Address:

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
Name: DEFORTE, JOSPEH D
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010 US

Title: CFO
Name: STEPHENS, CHRIS
Address: 123 MAIN ST
City-St-Zip: BRISTOL, CT 06010 US

Title: SVHR
Name: EDWARDS, DAWN N
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010 US

Title: PCEO
Name: MILZCIK, GREGORY F
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010 US

Title: VP
Name: O'BRIEN, LAWRENCE W
Address: 123 MAIN STREET
City-St-Zip: BRISTOL, CT 06010 US

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH D. DEFORTE

VP

03/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date