2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90168 029 ***150.00

1. Entity Name SMITH & WESSON CORP.							04-30-200	0 20100 (,2) 1.	30.00	
Principal Place	e of Business	Mailing	Address								
2100 ROOSEVELT AVENUE Springfield, MA 01104-1606			2100 ROOSEVELT AVENUE Springfield, Ma 01104-1606			1	60032695				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailir	3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				Chg-P	CR2E03	4 (12/06)		
City & State	>	City 8	City & State			4. FEI Numb 13-338				plied For Applicable	
Zip	Country	Zip				5. Certificate	of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324						.,				· -	
					City			FL	Zip Code	•	
the obligati	named entity submits this statement ons of registered agent.	t for the purpo	se of changing its	registere	d office or regist	tered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered ag-	ent and title if applic	cable. (NOTE	: Registered	Agent signature requir	red when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						5.00 May Be dded to Fees					
10.	OFFICERS AND DIRECTORS			11.	,	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE NAME	PCEO Delete TI Delete NA				1				☐ Change	Addition	
STREET ADDRESS	18 DANIEL CIRCLE			NAM! STRE	T ADDRESS				•		
CITY-ST-ZIP	SUFFIELD, CT 06078				ST-ZIP						
TITLE	S Delete III								Change	Addition	
NAME STREET ADDRESS	MAKKIYA, ANN 10 SUMMIT ST				ET ADORESS						
CITY-ST-ZIP					ST-ZIP						
TITLE	VPF & CFO		☐ Delete	TITLE		. "			☐ Change	☐ Addition	
NAME	KELLY, JOHN A			NAM							
STREET ADDRESS CITY-ST-ZIP	43 SAN SOUCI DRIVE SOUTH HADLEY, MA 01075				ET ADORESS -ST-ZIP						
TITLE	, , , , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP	•				ET ADORESS -ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME			- Delete	NAM					0	,omon	
STREET ADDRESS					ET ADDRESS						
CITY-\$T-ZIP					-ST-ZIP						
indicatéd	certify that the information supplied voice on this report or supplemental report poration or the receiver or trustee er	rt is true and a	ccurate and that n	ny signa	ure shall have th	ne same legal effe	ct as if made under	oath; that I a	m an officer	or director	