2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021076

Entity Name: A.M. BARNES GROUP, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16261 OLD US 41 FT MYERS, FL 33912 US **Current Mailing Address: New Mailing Address:** 16261 OLD US 41 FT MYERS, FL 33912 US FEI Number: 65-0391282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWELL, WILLIAM M ESQ NICHOLS, JAMES L ESQ. 3515 DEL PRADO BLVD #101 8191 COLLEGE PARKWAY CAPE CORAL, FL 33904 #204 FORT MYERS, FL 33919 US 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: JAMES LARRY NICHOLS 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BARNES, ALAN Name: Name: 13941 BENTLY CIR Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: VST Title: Title: () Delete () Change () Addition Name: BARNES, VICKY L Name: 13941 BENTLY CIR Address: Address: FORT MYERS, FL 33912 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SENESE, TONYA Name: Name: 16261 OLD US 41 Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition BARNES, K SCOTT Name: Name: Address: 16261 OLD US 41 Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: Title: Title: () Delete () Change () Addition BARNES, KATHERINE Name: Name: 16261 OLD US 41 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition SENESE, ALBERT Name: Name: Address: 16261 OLD US 41 Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33912

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: KATHERINE BARNES VP 04/16/2009