

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816047

Entity Name: HARDINGE INC.

**Current Principal Place of Business:**

ONE HARDINGE DRIVE  
ELMIRA, NY 14902

**Current Mailing Address:**

P O BOX 1507  
ELMIRA, NY 14902 US

FEI Number: 16-0470200

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CEO, CHAIRMAN OF THE BOARD OF DIRECTORS  
Name SIMONS, RICHARD L  
Address 6089 CLUB 15 ROAD  
City-State-Zip: HECTOR NY 14841

Title PRESIDENT OF TURNING/MILLING  
Name LANGA, JAMES P  
Address 30 BUSH ROAD  
City-State-Zip: HORSEHEADS NY 14845

Title VP, CFO  
Name MALONE, DOUGLAS J  
Address 11 THORPE AVENUE  
City-State-Zip: HAMMONDSPORT NY 14840

Title DIRECTOR  
Name TRIPENY, TONY R  
Address 10809 HIDDEN MEADOW TRAIL  
City-State-Zip: CORNING NY 14830

Title SD  
Name HUNTER, PHILLIP J  
Address 81365 KINGSTON HEATH  
City-State-Zip: LAQUINTA CA 92253

Title D  
Name QUAIN, MITCHELL I  
Address 1 BRISTOL ROAD  
City-State-Zip: MIDDLEBURY CT 06762

Title DIRECTOR  
Name PERROTTI, JOHN J  
Address 108 WATERFORD WAY  
City-State-Zip: FAIRPORT NY 14450

Title DIRECTOR  
Name ROSENZWEIG, BENJAMIN LEE  
Address 79 WEST PACES FERRY ROAD  
City-State-Zip: ATLANTA GA 30305

**Continues on page 2**

*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: DOUGLAS J MALONE

CFO

04/18/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title VP  
Name SEPANIK, WILLIAM  
Address ONE HARDINGE DRIVE  
City-State-Zip: ELMIRA NY 14902

Title DIRECTOR  
Name DISANTIS, BERNARD C  
Address ONE HARDINGE DRIVE  
City-State-Zip: ELMIRA NY 14902

Title DIRECTOR  
Name BURKHART, RICHARD R  
Address ONE HARDINGE DRIVE  
City-State-Zip: ELMIRA NY 14902

Title DIRECTOR  
Name SILVER, JAMES  
Address ONE HARDINGE DRIVE  
City-State-Zip: ELMIRA NY 14902

Title COMPTROLLER  
Name ROGOWSKI, ROBERT  
Address ONE HARDINGE DRIVE  
City-State-Zip: ELMIRA NY 14902