

2. Name of Corporation

Copperweld

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 401.222.304 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation fulling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 87758

Bimetallic Roducts Company

ilo KDW Liquida		LC, 101 Park henu	e New York	MY	10178
. Business Phone No. (212) 808-780		5. State of Incorporation Pennsylvani	ia		
. NAMES AND ADDRESS President Name Large S. Carr, Vice 1	rmerly the es of the office Tesident of KD	merketing and rs: ("x" box tor atta w Liquidating Servia	ICHMENT) FILL IN S Vice President Name	netallic prod paces before using	ucts. attachments
LC as Trustee of treet Address	the Copperue	d Distribution Trus	Street Address		
Эну	enue State NY	10178	Gity	State	Z(p
New York		1101.19	Treasurer Name		I
Street Address			Street Address		
City	State	Zip	City	State	24 S 04
. NAMES AND ADDRESS Director Name None.		ORS: ("X" BOX FOR AT	TACHMENT) THE FILL IN SPACES BEFORE USING ATTACHER NTS TO THE Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip 5 CV
Director Name	J.		Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
). SHARES AUTHORIZED	I	I		 ("X" BOX FOR ATTACE CTION <u>MUST</u> BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value
			0		#1_
Check No.		orporation by the receiver	Under penalty of pincluding any accontained herein a	perjury, I declare and affirm ompanying schedules and stare true and correct. Corr	that I have examined this reportatements, and that all statements.
FOR SECRETARY OF			Print or Type Name Via Resid Title	lent of KDW L	iquidating Service
		.	LLC, as tri	ustee of the Id Distribution	Form 630 Rev. 08/08
			Copperwel	u Distributio	n must