

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 2002 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. 7-1.2-1 subject to a penalty fee of \$25.00.	1501(e), each corporation fa	iling or refusing to file its anno	ual report within thirty (30) days afte.	r the time prescribed by law (R.	I.G.L. 7-1.2-1501(e&d)) is	
1 Corporate ID No. 87758	2. Name of Corporation Copperw	eld Bimeto	Ilic Roducts	Company		
3. Street Address Principal Business Co		101 Park Nenue	New York	State	10178	
4. Business Phone No. * (212) 808-7800)	5. State of Incorporation Pennsylvania	3			
6. Brief Description of the Character of Business Conducted in Rhode Island Inactive - Fermerly the Marketing and Sale of Dimetallic products. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name James S. Carr, Vice Re	sident of KDW	Liquidating Services	Vice President Name	ES BEFORE USING ATT	FACHMENTS	
Street Address			Street Address			
101 Park Aver	State	Zip	City	State	Zip	
New York Secretary Name	$\Gamma \kappa \lambda$	10178	Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA						
None.			Director Name			
Street Address			Street Address	•	29 AP	
City	State	Zip	Ciţy	State	Zip 72 5	
Director Name			Director Name			
Street Address			Street Address 5 5 5			
City	State	Zip	City	State	Zip 2	
9. SHARES AUTHORIZED	ı	•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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 Shaves	Class/Series	Par Value	
			0		#1	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						
this report must be executed	on behalf of the corpo	oracion by the receiver t	or mustee.			
	EDM	٦	includina any accompa	nying schedules and statem	I have examined this report, sents, and that all statements	
File Date	ロ	1	contained herein are tru	contained herein are true and correct. 0 4/12/2010		
APR 2 6 2010 Signature Date						
Print of Type Name						
FOR SECRETARY OF STA	109 . 12		Via Residen	Via Resident of KDW Liquidating Services		
	<u>.</u>	j	Via Resident of KDW Liquidating Services, Title LLC, 28 trustee of the Form 630 Rev. 08/08 Copperweld Distribution Trust			
			Copperweld	Distribution	. Trust	