



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118139		2. Name of Corporation Brown & Sharpe, Inc.			
3. Street Address Principal Business Office 200 Frenchtown Rd.			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-886-2000		5. State of Incorporation DELAWARE			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE IN THE METROLOGY INDUSTRY/MANUFACTURE OF PRECISION TOOLS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William J. Gruber, President & CEO			Vice President Name Jack Rosignal, V.P.		
Street Address 200 Frenchtown Rd.			Street Address 200 Frenchtown Rd.		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Sanford D. Kaufman, Secretary			Treasurer Name Mark Delaney, V.P. & C.F.O.		
Street Address 301 Main St.			Street Address 200 Frenchtown Rd.		
City Danbury	State CT	Zip 06810-5861	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William J. Gruber			Director Name Ola Rollen		
Street Address 200 Frenchtown Rd.			Street Address Europa House, Church St., Old Isleworth		
City North Kingstown	State RI	Zip 02852	City Middlesex	State United Kingdom	Zip TW7 6BD
Director Name Hakan Halen			Director Name Gert Viebke		
Street Address Cylindervagen 12, Box 1112			Street Address Europa House, Church St., Old Isleworth		
City 13126 Nacka Strand	State Sweden	Zip	City Middlesex	State United Kingdom	Zip TW7 6BD
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 200 COMM \$0.01 PAR VALUE	Class/Series COMM	Par Value 01	Number of Shares 100	Class/Series COMM	Par Value 01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*118139\*

File Date	2.28.05
Check No.	46519
By:	2
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Mark Delaney Date: 2/18/05  
Print or Type Name of Officer: MARK DELANEY  
Title of Officer: VICE PRESIDENT + C.F.O.



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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 118139		2. Name of Corporation Brown & Sharpe, Inc.			
3. Street Address Principal Business Office 200 Frenchtown Rd.			City No. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-886-2000		5. State of Incorporation DELAWARE			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE IN THE METROLOGY INDUSTRY/MANUFACTURE OF PRECISION TOOLS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <i>CEO</i> William Gruber			Vice President Name Mark Delaney		
Street Address 200 Frenchtown Rd.			Street Address 200 Frenchtown Rd.		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
Secretary Name Sanford D. Kaufman			Treasurer Name <i>CFO</i> Mark Delaney		
Street Address 301 Main St.			Street Address 200 Frenchtown Rd.		
City Danbury	State CT	Zip 06810-5861	City No. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <del>XXXXX</del> <i>Deleje</i>			Director Name Hakan Halen		
Street Address <del>XXXXXX</del>			Street Address 200 Frenchtown Rd.		
City <del>XXXXXX</del>	State <del>XXXXX</del>	Zip <del>XXXXX</del>	City No. Kingstown	State RI	Zip 02852
Director Name Ola Rollen			Director Name Gert Viebke		
Street Address Hexagon Metrology Church Street, Old Isleworth			Street Address 200 Frenchtown Rd.		
City Middlesex	State	Zip TW7 6BD	City No. Kingstown	State RI	Zip 02852
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM \$.01 PAR VALUE			100	COMM	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 1 3 9 \*

File Date	2/12/04
Check No.	040226
By:	HFE
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Mark Delaney* 2/12/04  
Signature of Officer  
Mark Delaney  
Vice President & CFO  
Print or Type Name of Officer  
Vice President & CFO  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118139 2. Name of Corporation Brown & Sharpe, Inc.

3. Street Address Principal Business Office  
200 Frenchtown Rd.

City No. Kingstown State RI Zip 02852  
6. SIC Code 1883

4. Business Phone No. 401-886-2000

5. State of Incorporation  
DELAWARE

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales & Manufacturer of Metrology Equipment and Precision Measuring Instruments

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Q CEO

Vice President Name

None

Jack Beagley

Street Address

Street Address

City No. Kingstown State RI Zip 02852

City No. Kingstown State RI Zip 02852

Secretary Name

Treasurer Name /CFO

Mark W. Delaney

Street Address

Street Address

City Danbury State CT Zip 06810

City No. Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Jack Beagley

Haken Halen

Street Address

Street Address

City No. Kingstown State RI Zip 02852

City No. Kingstown State RI Zip 02852

Director Name

Director Name

Ola Pollen

Gert Viebke

Street Address

Street Address

City Box 1112 S-131 26 Nacka Strand State Sweden Zip XXXX

City No. Kingstown State RI Zip 02852

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares 101 Class/Series 200 COMM Par Value \$2.00

Number of Shares 100 Class/Series COM M Par Value \$2.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 1 3 9 \*

File Date: 2-28-03

Check No.: 23838

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Jack Beagley

Print or Type Name of Officer

President

Title of Officer

Date

2/27/03



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 118139  
2. Name of Corporation Brown & Sharpe, Inc.  
3. Street Address Principal Business Office  
200 Frenchtown Rd.  
4. Business Phone No. 401-886-2000  
5. State of Incorporation DELAWARE  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Sales of Metrology Equipment

City No. Kingstown State RI Zip 02852  
6. SIC Code 1883

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name President & Chief Executive Officer

Jack Beagley  
Street Address  
200 Frenchtown Rd.  
City No. Kingstown State RI Zip 02852

XXXXXXXXXX Chairman  
XXXXXXXXXX Ola Rollen  
Street Address  
Box 1112 S0131 26 Nacka Strand  
City No. Kingstown State RI Zip 02852

Secretary Name Sanford D. Kaufman  
Street Address  
301 Main Street,  
City Danbury State CT Zip 06810-5861

XXXXXXXXXX Chief Financial Officer  
Norbert Hanke  
Street Address  
200 Frenchtown, Rd.  
City No. Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jack Beagley  
Street Address  
200 Frenchtown Rd.  
City No. Kingstown State RI Zip 02852

Director Name Haken Halen  
Street Address  
200 Frenchtown Rd.  
City No. Kingstown State RI Zip 02852

Ola Rollen  
Street Address  
Box 1112 S0131 26 Nacka Strand  
City XXXX Sweden Zip

Gert Viebke  
Street Address  
200 Frenchtown Rd.  
City No. Kingstown State RI Zip 02852

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
200 COMM \$2.00 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 Comm \$1.00 Par Val

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 1 3 9 \*

File Date: 1/28/02

Check No.: 0015528

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 01/22/2002

Print or Type Name of Officer NORBERT HANKE

Title of Officer C.F.O.