

1.) CORPORATION NAME:

Ferro Corporation

DUE DATE: **11/30/2011**

SCC ID NO: **F1727199**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6060 PARKLAND BOULEVARD

CITY/ST/ZIP: MAYFIELD HEIGHTS, OH 44124-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES F KIRSCH
TITLE: D/CHRMN/P/CEO
ADDRESS: 6060 PARKLAND BOULEVARD
CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-

OFFICER

DIRECTOR

NAME: MARK H DUESENBERG
TITLE: GC/VP/SEC
ADDRESS: 6060 PARKLAND BOULEVARD
CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-

OFFICER

DIRECTOR

NAME: THOMAS R MIKLICH
TITLE: VP/CFO
ADDRESS: 6060 PARKLAND BOULEVARD
CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-

OFFICER

DIRECTOR

NAME: ANN KILLIAN
TITLE: VP, HUMAN RESOU
ADDRESS: 6060 PARKLAND BOULEVARD
CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-

OFFICER

DIRECTOR

NAME: MICHAEL J MURRY
TITLE: VP - ECGM
ADDRESS: 6060 PARKLAND BOULEVARD
CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER T THOMAS VP - PCEM 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN T BINGLE TREASURER 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUBNA TAHBOUB ASST TREASURER 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL MULAC ASST SECRETARY 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD C BROWN DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA AUSTIN CRAYTON DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J HIPPLE DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIE S HWANG DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY E HYLAND DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM B. LAWRENCE DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TIMOTHY K PISTELL TITLE: DIRECTOR ADDRESS: 6060 PARKLAND BOULEVARD CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM J SHARP TITLE: DIRECTOR ADDRESS: 6060 PARKLAND BOULEVARD CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD P VARGO TITLE: DIRECTOR ADDRESS: 6060 PARKLAND BOULEVARD CITY/ST/ZIP/CO: MAYFIELD HEIGHTS, OH 44124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CAROL MULAC _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL MULAC, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	_____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		