

1.) CORPORATION NAME:

Ferro Corporation

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1727199**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

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

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:	PETER T THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		
NAME:	MARK H DUESENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/VP/SEC		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		
NAME:	ANN KILLIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, HUMAN RESOU		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		
NAME:	JEFFREY L RUTHERFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		
NAME:	JOHN T BINGLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		
NAME:	LUBNA TAHBOUB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6060 PARKLAND BOULEVARD		
CITY/ST/ZIP/CO:	MAYFIELD HEIGHTS, OH 44124		

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:	CHRIS TRUNCK 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:	WILLIAM B. LAWRENCE CHAIRMAN 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:	PETER T KONG DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY K PISTELL DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD P VARGO DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A LORBER DIRECTOR 6060 PARKLAND BOULEVARD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFRY N QUINN DIRECTOR 6060 PARKLAND BOULEVARD 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.

<u>/s/ CAROL MULAC</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CAROL MULAC, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/25/2013</u> DATE
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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.