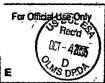
U.S. Department of Labor Mice of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

Page 1 of



Form LM-20 (2003)

This report is mandatory under P.L. 88-257, as emended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	1.
428180		<u> </u>
1. File Number: C- C5300 677		
		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report	are kept:
Name CHARIES K. SMITH	Name .	
Title PRESIDENT	Title	
Organization WRD, INL	Organization // A	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 207 GAY/ANE DR.	Street	:
Cay Columbus	City	
State 125. ZIP Code + 4 39702	State ZIP Code + 4	
Date fiscal year ends: 5. Type of person:		;
12/3// 05 s. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 0 9 / 1) / 05	
Name J.C. Wilson, Corp. H.R.	8. Name of person(s) through whom made:	
Organization FERRO CORPORATION	Name J.C. WIISON - CORP	H.R.
Trade Name, if any	Name V.C. WITSON	UP Am
P.O. Box, Bidg., Room No., if any	Name Juliaun Brumbaugh-	-/1/0/10/10
Street 1219 6/EN ROCIL AVE	Name	
City WOULLGAN,	Name	
State IL. ZIP Code +4 600 PJ	Name	
Signa	tures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (in by the signatory and is, to the best of the undersigned's knowledge	cluding and belief,
13. Signed President (If other title, see	14. Signed Carolen & Smela treas	urer er title, see
Title President instructions)		tions)
	, ,	
on 09/21/05 (662) 328-7380		7380
Date Telephone Number	Date Telephone Number	

FROM CHARLES K. S.	MITH	File Number	5300		
9. Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or Indi	rectly:		-	
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	mployees as to the man	ner of exercising, the	nght to organize and	l bargain	
b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with a	nployees or a labor orga in administrative or arbit	nization in connectional proceeding or a c	n with a labor dispute riminal or civil judicia	involving proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):	0 4 4) Cairl	
10. Terms and conditions (Explain in detail; see instructions. Written agreements ONG(I) LNDOR CONSULT	pws, 50	LF CN	ARIES K	100	
	. 17 1.14 U.A	2 D1/1	"	1/	
THEN 09/18/05 PT P RI for A TOTAL OF 7200.	To Do	EDUCT	TRAVE	2 Daya	
)M 010 0 0 P :				<u> </u>	
Specific Activities to be Performed				·	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:					
Employees for QUESTIONS AND ANSWER					
employees for g	1085110	WI TWE	ND 1	NIWERS	
11.b. Period during which performed: 09/11 - 09/18/05	11.c. Extent performed	* Com	PLETED		
11.d. Name and address through whom performed:	Additional Name and	address through who	om performed, if any:		
Name Organization FERRO CORPORATION	Name Organization		, market 112		
· · · · · · · · · · · · · · · · · · ·		n No., if any	Same		
P.O. Box, Bldg., Room No., if any Street 1219 G/EN LOCIL NE.	Street	; :			
CAY WAUKEGAN	City	•		• Par w	
State IL. ZIP Code + 4 60085	State		ZIP Code + 4	·	
12.a. Identify subject groups of employees:	12.b. Identify subject	labor organizations:			
1600 Ly 223 20- 20ch		14	E		
39-21			***************************************		