

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT SINGLE-ESTABLISHMENT FILER REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID AB02102				EMPLOYER NAME TROEMNER LLC											
ADDRESS 201 WOLF DRIVE						CITY/TOWN THOROFARE				STATE NJ		ZIP CODE 08086			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN				STATE		ZIP CODE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 471976482															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 335999 - All Other Miscellaneous Electrical Equipment and Component Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	1	0	6	0	0	0	0	0	3	1	0	0	0	0	11
Professionals	0	0	12	1	0	0	0	0	4	0	1	0	0	0	18
Technicians	0	1	6	0	1	0	0	0	9	2	2	0	0	1	22
Sales Workers	0	2	0	0	0	0	0	0	1	0	0	0	0	0	3
Administrative Support Workers	0	0	1	0	0	0	0	0	8	1	1	0	0	0	11
Craft Workers	1	0	12	1	0	0	0	0	0	0	0	0	0	0	14
Operatives	3	3	14	8	5	0	0	0	10	4	1	0	0	0	48
Laborers and Helpers	0	0	0	1	0	0	0	0	3	2	0	1	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	5	6	53	11	6	0	0	0	39	10	5	1	0	1	137
PRIOR 2023 REPORTING YEAR TOTAL	5	5	55	11	7	0	0	0	40	11	4	1	0	1	140
SECTION I – WORKFORCE SNAPSHOT PERIOD 11/1/2024 - 11/30/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)  Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID AB02102		EMPLOYER NAME TROEMNER LLC		
ADDRESS 201 WOLF DRIVE		CITY/TOWN THOROFARE	STATE NJ	ZIP CODE 08086
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION				
6/9/2025 2:46 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Barbara G Mullin		Title of Certifying Official Head of Human Resources		
Email Address of Certifying Official barb.mullin@troemner.com		Telephone Number of Certifying Official 609-230-8457		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Barbara G Mullin		Title and Employer of Primary POC Head of Human Resources Troemner, LLC		
Email Address of Primary POC barb.mullin@troemner.com		Telephone Number of Primary POC 609-230-8457		