

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003565

1. Entity Name
A.P. GREEN REFRACTORIES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90053 010 ***150.00

Principal Place of Business Mailing Address

1 GREEN BOULEVARD **1 GREEN BOULEVARD**
MEXICO MO 65265 **MEXICO MO 65265-2980**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **43-1680037** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCEO	☐ Delete
NAME	HUMMER, PAUL F	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	
TITLE	VSD	☐ Delete
NAME	COONEY, MICHAEL	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	
TITLE	VASD	☐ Delete
NAME	ROBERTS, GARY L	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	
TITLE	EV	☐ Delete
NAME	AIKEN, MAX C	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	
TITLE	V	☐ Delete
NAME	HUNTER, ORVILLE JR.	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	
TITLE	V	☐ Delete
NAME	HAGAN, DANIEL G	
STREET ADDRESS	1 GREEN BLVD.	
CITY-ST-ZIP	MEXICO MO 65265	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE ATTACHED

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/20/00** **(412) 562-6206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)