

2005 FOR PROFIT CORPORATION ANNUAL REPORT

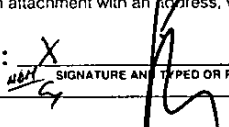
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Feb 02, 2005 8:00 am
Secretary of State

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01202005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000003565					
1. Entity Name A.P. GREEN REFRACTORIES, INC.					
Principal Place of Business 400 FAIRWAY DR MOON TOWNSHIP, PA 15108-3190			Mailing Address 400 FAIRWAY DR ATTN: TAX DEPT. MOON TOWNSHIP, PA 15108-3190		
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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	President/Director/Secretary	☒ Change ☐ Addition
NAME	ALLEGRETTI, JON A		NAME	Jon A. Allegretti	
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS	400 FAIRWAY Drive	
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108		CITY-ST-ZIP	MOON TOWNSHIP, PA 15108	
TITLE	COO	☐ Delete	TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	KARHUT, GUENTER		NAME	Michael A. Schalk	
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS	400 FAIRWAY Drive	
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108		CITY-ST-ZIP	MOON TOWNSHIP, PA 15108	
TITLE	CFOT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAIMANN, GABRIEL		NAME		
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLEGRETTI, JON A		NAME		
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KARHUT, GUENTER		NAME		
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP, FL 15108		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAIMANN, GABRIEL		NAME		
STREET ADDRESS	400 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP, FL 15108		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			01/27/05 (412) 375-6600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Date Phone #		