

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000003565 1. Entity Name A.P. GREEN REFRACTORIES, INC.	
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Principal Place of Business 400 FAIRWAY DR MOON TOWNSHIP, PA 15108-3190	Mailing Address 400 FAIRWAY DR ATTEN: TAX DEPT. MOON TOWNSHIP, PA 15108-3190
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01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1680037	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEGRETTI, JON A 400 FAIRWAY DR MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KARHUT, GUENTER 400 FAIRWAY DR MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT FAIMANN, GABRIEL 400 FAIRWAY DR MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEGRETTI, JON A 400 FAIRWAY DR MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARHUT, GUENTER 400 FAIRWAY DR MOON TOWNSHIP, FL 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIMANN, GABRIEL 400 FAIRWAY DR MOON TOWNSHIP, FL 15108

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02/09/07-80042-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *aps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-07

412-325-6756