# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 28, 2008 08:00 A**
**Secretary of State**

DOCUMENT # F98000003565

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

| Principal Place of Business | Mailing Address |
|---|---|
| 400 FAIRWAY DR<br>MOON TOWNSHIP, PA 15108-3190 | 400 FAIRWAY DR<br>ATTEN: TAX DEPT.<br>MOON TOWNSHIP, PA 15108-3190 |

DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

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

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01/30/08-80075-025 150.00

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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:** Gabriel Faimann CFO/Treasurer 412-375-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #