

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001684

**Entity Name:** BMI REFRACTORY SERVICES, INC.**Current Principal Place of Business:**5510 77 CENTER DRIVE  
SUITE 100  
CHARLOTTE, NC 28217**Current Mailing Address:**5510 77 CENTER DRIVE  
SUITE 100  
CHARLOTTE, NC 28217 US**FEI Number:** 25-1809229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	WOINDRICH, CEDRIC
Address	5510 77 CENTER DRIVE SUITE 100
City-State-Zip:	CHARLOTTE NC 28217

Title	SECRETARY
Name	BARRY, PATRICK
Address	5510 77 CENTER DRIVE SUITE 100
City-State-Zip:	CHARLOTTE NC 28217

Title	DIRECTOR, TREASURER
Name	HARDISTER, STEPHEN
Address	5510 77 CENTER DRIVE SUITE 100
City-State-Zip:	CHARLOTTE NC 28217

Title	DIRECTOR, EVP, VP
Name	RIENKS, PATRICK
Address	5510 77 CENTER DRIVE SUITE 100
City-State-Zip:	CHARLOTTE NC 28217

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICK BARRY****SECRETARY****04/26/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date