FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827461** **(5)**

1. Corporation Name
A.P. GREEN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
GREEN BLVD MEXICO MO 65265	GREEN BLVD MEXICO MO 65265

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/10/1972**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **43-0899374** ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BINDER, D.G.	12 NAME	
STREET ADDRESS	R.R. #3 BOX 355	13 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	AIKEN, M.C.	22 NAME	
STREET ADDRESS	1805 BENNINGTON	23 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, GARY L.	32 NAME	
STREET ADDRESS	219 E TEAL LAKE RD	33 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	HAGAN, D. Y.	42 NAME	
STREET ADDRESS	10 COUNTRY CLUB DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, GARY L.	52 NAME	
STREET ADDRESS	219 E TEAL LAKE RD	53 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	54 CITY-ST-ZIP	
TITLE	CP	61 TITLE	☐ Change ☐ Addition
NAME	HUMMER, P. F.	62 NAME	
STREET ADDRESS	5 MELODY LANE	63 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added to the report with an address.

SIGNATURE: _____ Gary L Roberts 4-19-95 314-473-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490030 FN