SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **852332** **(6)**

1. Corporation Name

AMERICAN REFRACTORIES COMPANY

Principal Place of Business	Mailing Address
1250 CLARION STREET READING PA 19601-1712	1250 CLARION STREET READING PA 19601-1712

3. Date Incorporated or Qualified: **03/25/1982**
3a. Date of Last Report: **07/10/1995**
4. FEI Number: **23-1739386** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	PERELMAN, R G	
STREET ADDRESS	225 CITY LINE AVE.	
CITY-ST-ZIP	ATLANTIC CITY NJ 08401	
TITLE	P	☐ DELETE
NAME	KATZ, B L	
STREET ADDRESS	225 CITY LINE AVE	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	VTD	☐ DELETE
NAME	CULL, M J	
STREET ADDRESS	225 CITY LINE AVE	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	S	☐ DELETE
NAME	CONLEY, M	
STREET ADDRESS	225 CITY LINE AVE	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	AT	☐ DELETE
NAME	TETLAK, G	
STREET ADDRESS	1250 CLARION ST	
CITY-ST-ZIP	READING PA 19601	
TITLE	D	☐ DELETE
NAME	PERELMAN, RUTH	
STREET ADDRESS	118 S PLAZA PLACE	
CITY-ST-ZIP	ATLANTIC CITY NJ 08401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Cull Michael J. Cull, Treasurer 6/13/96 (610) 660-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #