2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# F00000005522

Entity Name: VESUVIUS U S A CORPORATION

Current Principal Place of Business:

1404 NEWTON DRIVE
CHAMPAIGN, IL 61824

New Principal Place of Business:

Current Mailing Address:

ONE COOKSON PLACE
PROVIDENCE, RI 02903

New Mailing Address:

C/O COOKSON AMERICA, INC.
ONE COOKSON PLACE
PROVIDENCE, RI 02903

FEI Number: 37-0893657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NOVAK, GARY	
Address:	250 PARK WEST DRIVE	
City-St-Zip:	PITTSBURGH, PA 15275 US	
Title:	VPD	( ) Delete
Name:	MALHERBE, JEAN-PIERRE	
Address:	MECHELSESTEENWEG, 455 B1	
City-St-Zip:	KRAAINEM, BELGIUM, XX B-195 XX	
Title:	AS	( ) Delete
Name:	OJEDA, JO ELLEN	
Address:	ONE COOKSON PLACE	
City-St-Zip:	PROVIDENCE, RI 02903 US	
Title:	TD	( ) Delete
Name:	EHLMAN, JOHN	
Address:	1404 NEWTON DRIVE	
City-St-Zip:	CHAMPAIGN, IL 61824 US	
Title:	S	( ) Delete
Name:	SATINA, DONALD	
Address:	250 PARK WEST DRIVE	
City-St-Zip:	PITTSBURGH, PA 15275 US	
Title:	AT	( ) Delete
Name:	CREIGHTON, JOSEPH M	
Address:	ONE COOKSON PLACE	
City-St-Zip:	PROVIDENCE, RI 02903 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	RAY, TYLER T	
Address:	ONE COOKSON PLACE	
City-St-Zip:	PROVIDENCE, RI 02903 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TYLER T. RAY AS 03/09/2007

Electronic Signature of Signing Officer or Director — Date