

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005522

Entity Name: VESUVIUS U S A CORPORATION

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

1404 NEWTON DRIVE
CHAMPAIGN, IL 61824

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: NOKERMAN, YVES
Address: MECHELSESTEENWEG, 455 B1
City-St-Zip: KRAAINEM, BELGIUM, XX B-195 XX

Title: AS () Delete
Name: RAY, TYLER T
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:

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Name:
Address:
City-St-Zip:

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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 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

02/25/2009

Electronic Signature of Signing Officer or Director

Date