

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001684

FILED
Mar 31, 2008
Secretary of State

Entity Name: BMI REFRACTORY SERVICES, INC.

Current Principal Place of Business:

27 NOBLESTOWN ROAD
CARNEGIE, PA 15106

New Principal Place of Business:

250 PARK WEST DRIVE
PITTSBURGH, PA 15275

Current Mailing Address:

ONE COOKSON PLACE
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 25-1809229 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

Title: TD () Delete
Name: EHLMAN, JOHN W
Address: 1404 NEWTON DRIVE
City-St-Zip: CHAMPAIGN, IL 61824

Title: V () Delete
Name: MALHERBE, JEAN-PIERRE
Address: MEHELSESTEENWEG, 455B1
City-St-Zip: KRAAINEM, BELGIUM B-1950,

Title: S () Delete
Name: SATINA, DONALD RE M
Address: 250 PARK WEST DRIVE
City-St-Zip: PITTSBURGH, PA 15275

Title: S () Delete
Name: GORGONE, WILLIAM S ASST.
Address: ONE COOKSON LACE
City-St-Zip: PROVIDENCE, RI 02903

Title: S () Delete
Name: RAY, TYLER T ASST.
Address: ONE COOKSON LACE
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NOKERMAN, YVES
Address: MEHELSESTEENWEG, 455B1
City-St-Zip: KRAAINEM, NA B-1950 BE

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 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

03/31/2008

Electronic Signature of Signing Officer or Director

_____ Date