2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F07000001684

Entity Name: BMI REFRACTORY SERVICES, INC.

Current Principal Place of Business:

250 PARK WEST DRIVE
PITTSBURGH, PA 15275

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: NOVAK, GARY
Address: 250 PARK WEST DRIVE
City-St-Zip: PITTSBURGH, PA 15275

Title: TD
Name: KELLY, WILLIAM
Address: 20200 SHELDON ROAD
City-St-Zip: CLEVELAND, OH 44142

Title: V
Name: PETRICK, JACK
Address: MECHELSESTEENWEG, 455B1
City-St-Zip: KRAAINEM, NA B-195 BE

Title: S
Name: DEL COTTO, STEVEN
Address: 250 PARK WEST DRIVE
City-St-Zip: PITTSBURGH, PA 15275

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

Title: AS
Name: SATINA, DONALD M ASST.
Address: 250 PARK WEST PLACE
City-St-Zip: PITTSBURGH, PA 15275

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM GORGONE S 01/04/2011

Electronic Signature of Signing Officer or Director — Date