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•—PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18415**

1. Corporation Name
PREMIER REFRACTORIES, INC.

Principal Place of Business	Mailing Address
27 NOBLESTOWN RD CARNEGIE PA 15106	150 INTERSTATE PKWY N. STE 300 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 901 East Eighth Avenue	26 150 Interstate N. PKwy.
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 110
City & State 23 King of Prussia, PA	City & State 28 Atlanta, GA
Zip / Country 24 19406 25 US	Zip / Country 29 30339 30 US

3. Date Incorporated or Qualifed: 03/14/1988

4. FEI Number: 14-1671486 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	JOHNSON, STEPHEN		1.2 NAME	Norman G. Taylor	
STREET ADDRESS	27 NOBLESTOWN RD		1.3 STREET ADDRESS	27 Noblestown Rd.	
CITY-ST-ZIP	CARNEGIE PA 15106		1.4 CITY-ST-ZIP	Carnegie, PA 15106	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALDRIDGE, DAVID		2.2 NAME		
STREET ADDRESS	150 INTERSTATE PKWY N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, GARY		3.2 NAME		
STREET ADDRESS	150 INTERSTATE PKWY B		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELBAUM, STEVEN		4.2 NAME		
STREET ADDRESS	1790 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, GENE		5.2 NAME		
STREET ADDRESS	1790 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen E Gary L Edwards 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #