

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18415

FILED
Mar 08, 2006
Secretary of State

Entity Name: PREMIER REFRACTORIES, INC.

Current Principal Place of Business:

27 NOBLESTOWN ROAD
CARNEGIE, PA 15106 US

New Principal Place of Business:

Current Mailing Address:

ONE COOKSON PLACE
PROVIDENCE, RI 02903 US

New Mailing Address:

FEI Number: 14-1671486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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: TD () Delete
Name: EHLMAN, JOHN W
Address: 1404 NEWTON DRIVE
City-St-Zip: CHAMPAIGN, IL 61824

Title: PD () Delete
Name: NOVAK, GARY
Address: 1404 NEWTON DRIVE
City-St-Zip: CHAMPAIGN, IL 61824

Title: AS () Delete
Name: OJEDA, JO ELLEN
Address: ONE COOKSON PLACE
City-St-Zip: PROVIDENCE, RI 02903

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

Title: S () Delete
Name: SATINA, DONALD
Address: 27 NOBLESTOWN ROAD
City-St-Zip: CARNEGIE, PA 15106

Title: AT () Delete
Name: CREIGHTON, JOSEPH M
Address: ONE COOKSON PLACE
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: NOVAK, GARY
Address: 250 PARK WEST DEIVE
City-St-Zip: PITTSBURGH, PA 15275

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

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

Title: S (X) Change () Addition
Name: SATINA, DONALD
Address: 250 PARK WEST DRIVE
City-St-Zip: PITTSBURGH, PA 15275

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: JO ELLEN OJEDA

AS

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date