

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90059 006 ***150.00

DOCUMENT # P18415

1. Entity Name
PREMIER REFRACTORIES, INC.



Principal Place of Business
**901 E. EIGHTH AVE.
#200
KING OF PRUSSIA PA 19406
US**

Mailing Address
**% COOKSON AMERICA, INC.
ONE COOKSON PLACE
PROVIDENCE RI 02903
US**

2. Principal Place of Business
**27 Noblestown Road
Suite, Apt. #, etc.**

3. Mailing Address
**One Cookson Place
Suite, Apt. #, etc.**

City & State
Carnegie, PA

City & State
Providence, RI

4. FEI Number **14-1671486**

Applied For
☐ Not Applicable

Zip
15106

Country
USA

Zip
02903

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. 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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EHLMAN, JOHN W 1404 NEWTON DRIVE CHAMPAIGN IL 61824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHEINGROVER, KIM 27 NOBLESTOWN ROAD CARNEGIE PA 15106 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORTIZ, PROVIDENCIA ONE COOKSON PLACE PROVIDENCE RI 02903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MALHERBE, JEAN-PIERRE MECHELSESTEENWEB, 455 B1 B-1950 KRAAINEM BELGIUM <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SATINA, DONALD 27 NOBLESTOWN ROAD CARNEGIE PA 15106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DOHERTY, JOHN ONE COOKSON PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Mark K. Fishler 27 Noblestown Road Carnegie, PA 15106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Jo Ellen Ojeda One Cookson Place Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jo Ellen Ojeda* **SIGNATURE REQUIRED** Jo Ellen Ojeda, Assistant Secretary 2/06/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 401-521-1000

CR2E034 (10/02)