2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91021 007 ***150.00

DOCUMENT # P20256

1. Entity Name
HARBISON-WALKER REFRACTORIES COMPANY

04081744

Principal Place of Business	Mailing Address
400 FAIRWAY DR ~~CORAOPOLIS~~, PA 15108-3190 US MOON TOWNSHIP	400 FAIRWAY DR % TAX DEPT ~~CORAOPOLIS~~, PA 15108-3190 US MOON TOWNSHIP

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-1384259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ALLEGRETTI, JON A 600 GRANT STREET PITTSBURGH, PA 15219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALLEGRETTI, JON A 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO KARHUT, GUENTER 600 GRANT STREET PITTSBURGH, PA 15219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO KARHUT, GUENTER 400 FAIRWAY DR MOON TOWNSHIP, PA 15108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT FAIMANN, GABRIEL 600 GRANT STREET PITTSBURGH, PA 15219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO/TREASURER FAIMANN, GABRIEL 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ALLEGRETTI, JON 400 FAIRWAY DR MOON TOWNSHIP, PA 15108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KARHUT, GUENTER 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FAIMANN, GABRIEL 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☐ Change ☒ 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: X _____ GABRIEL FAIMANN 04/26/04 (412) 375-6600
NEW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #