2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90371 038 ***150.00

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1. Entity Name
HARBISON-WALKER REFRACTORIES COMPANY

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

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLEGRETTI, JON A
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	COOD
NAME	KARHUT, GUENTER
STREET ADDRESS	4000 FAIRWAY DR
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	CFOT
NAME	FAIMANN, GABRIEL
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	D
NAME	FAIMANN, GABRIEL
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	S
NAME	SEHALK, MICHAEL A
STREET ADDRESS	400 FAIRWAY DR.
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: APS Gabriel Faimann 3-7-06 412-375-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #