


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90126 003 ***150.00

DOCUMENT # P23588 1. Entity Name CRUCIBLE MATERIALS CORPORATION	
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Principal Place of Business 575 STATE FAIR BLVD. SYRACUSE, NY 13209	Mailing Address 575 STATE FAIR BLVD. SYRACUSE, NY 13209
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50029775



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

03152005 Cng-P CR2E034 (10/03)

4. FEI Number 13-3179229	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION, FL 33224	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reissuing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PCOO ROBBINS, DAVID W			STREET ADDRESS	PCEO		
CITY-ST-ZIP	575 STATE FAIR BLVD. SYRACUSE, NY 13209			CITY-ST-ZIP			
TITLE	VPFT LESTER, WILLIAM R	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	575 STATE FAIR BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE, NY 13209			CITY-ST-ZIP			
TITLE	VPOA CARPENTER, LORNA E	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	575 STATE FAIR BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE, NY 13209			CITY-ST-ZIP			
TITLE	D VENSEL, JOHN L	<input type="checkbox"/> Delete		TITLE	D JOSEPH A STEGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	575 STATE FAIR BLVD.			STREET ADDRESS	575 STATE FAIR BLVD		
CITY-ST-ZIP	SYRACUSE, NY 13209			CITY-ST-ZIP	SYRACUSE NY 13209		
TITLE	D CORRIERO, RICHARD S	<input type="checkbox"/> Delete		TITLE	D DAVID G YATES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	575 STATE FAIR BLVD.			STREET ADDRESS	575 STATE FAIR BLVD		
CITY-ST-ZIP	SYRACUSE, NY 13209			CITY-ST-ZIP	SYRACUSE NY 13209		
TITLE	D LEE, GARY A	<input type="checkbox"/> Delete		TITLE	D ROBERT J BROOKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	575 STATE FAIR BLVD.			STREET ADDRESS	575 STATE FAIR BLVD		
CITY-ST-ZIP	SYRACUSE, NY 13209			CITY-ST-ZIP	SYRACUSE NY 13209		

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:  **WILLIAM R LESTER**
VP-FINANCE & TREASURER 3/15/05 (315) 487-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #