FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

[illegible] 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P32363** **(4)**

1. Corporate Name
NORTH AMERICAN REFRACTORIES COMPANY

Principal Place of Business
1228 EUCLID AVE.
500 HALLE BLDG.
CLEVELAND OH 44115

Mailing Address
1228 EUCLID AVE.
500 HALLE BLDG.
CLEVELAND OH 44115

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 31-0943770 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporation submits a statement of business activity under Chapter 607 of the Florida Statutes. ✓ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the undersigned corporation submits the following statement to designate the registered office/registered agent for service of process within Florida.

DESIGNATION

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~WRIGHT, EDMUND~~ S.
ADDRESS	~~1228 EUCLID AVE.~~
CITY ST ZIP	~~CLEVELAND OH~~
TITLE	V
NAME	GUISE, FRANK W.
ADDRESS	1228 EUCLID AVE.
CITY ST ZIP	CLEVELAND OH
TITLE	T
NAME	WEHRLE, DAVID M.
ADDRESS	1228 EUCLID AVE
CITY ST ZIP	CLEVELAND OH
TITLE	V
NAME	TAYLOR, NORMAN G.
ADDRESS	1228 EUCLID AVE.
CITY ST ZIP	CLEVELAND OH
TITLE	S
NAME	EHLE, JAY S.
ADDRESS	1228 EUCLID AVE.
CITY ST ZIP	CLEVELAND OH
TITLE	V
NAME	NIGHTINGALE, ROBERT B.
ADDRESS	1228 EUCLID AVE.
CITY ST ZIP	CLEVELAND OH

13. ADDITIONAL OFFICERS AND DIRECTORS (ATTACH LIST IF NECESSARY)

NONE

14. I hereby certify that the information supplied with this report is true and accurate, and that this corporation complies with the requirements of Section 607.0505 of the Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent of the corporation upon whom this report is prepared, or the attorney or agent of the officer or director of the corporation upon whom this report is prepared, or the attorney or agent of the registered agent upon whom this report is prepared, and that my name appears above, or on an attached list, as an officer or director of the corporation or as the registered agent at the registered office address.

SIGNATURE: [signature] D.M. [illegible] 216-621 5206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0466278 FP