

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90085 012 ***150.00

DOCUMENT # P32363

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1990

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VON KNOOP, DIETRICH
STREET ADDRESS DIDIER-WERKE AG, ABRAHAM-LINCOLN-STR. 1
CITY-ST-ZIP WIESBADEN GE

TITLE PCEO ☐ DELETE
NAME MOSSER, JAKOB A
STREET ADDRESS 500 HALLE BLDG., 1228 EUCLID AVE
CITY-ST-ZIP CLEVELAND OH

TITLE VP ☐ DELETE
NAME GUISE, FRANK W
STREET ADDRESS 500 HALLE BLDG., 1228 EUCLID AVE.
CITY-ST-ZIP CLEVELAND OH

TITLE S ☐ DELETE
NAME STRATMAN, JOHN
STREET ADDRESS 1228 EUCLID AVE.
CITY-ST-ZIP CLEVELAND OH

TITLE VP ☐ DELETE
NAME DILLEY, LARRY D
STREET ADDRESS 500 HALLE BLDG., 1228 EUCLID AVE.
CITY-ST-ZIP CLEVELAND OH

TITLE T ☐ DELETE
NAME WOOD, KAREN
STREET ADDRESS 500 HALLE BLDG., 1228 EUCLID AVE.
CITY-ST-ZIP CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. DR. ☐ Change ☐ Addition
1.2 NAME GUNTHER MORTL
1.3 STREET ADDRESS A-1040 VIENNA, AUSTRIA
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME STRATMAN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0524355