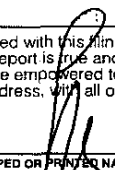


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91021 005 ***150.00

DOCUMENT # P32363 1. Entity Name NORTH AMERICAN REFRACTORIES COMPANY					
Principal Place of Business 400 FAIRWAY DR. COVINGTON, PA 15108-2190 MOON TOWNSHIP			Mailing Address 400 FAIRWAY DR. ATTN: TAX DEPT. COVINGTON, PA 15108-2190 MOON TOWNSHIP		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 31-0943770	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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)					
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	PSD ALLEGRETTI, JON A 600 GRANT ST PITTSBURGH, PA 15219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR ALLEGRETTI, JON 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIMAN, GABRIEL 600 GRANT ST PITTSBURGH, PA 15219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/TREASURER / DIRECTOR FAIMANN, GABRIEL 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARHUT, GUENTER 600 GRANT STREET PITTSBURGH, PA 15219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. / 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:  GABRIEL FAIMAN 04/06/04 (412) 375-6600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					