

2005 FOR PROFIT CORPORATION ANNUAL REPORT

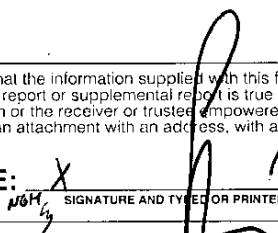
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Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90067 045 ***150.00

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01202005 Chg-P CR2E034 (10/03)

DOCUMENT # P32363					
1. Entity Name NORTH AMERICAN REFRACTORIES COMPANY					
Principal Place of Business 400 FAIRWAY DR. MOON TOWNSHIP, PA 15108-2190			Mailing Address 400 FAIRWAY DR. ATTN: TAX DEPT. MOON TOWNSHIP, PA 15108-2190		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 31-0943770	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) 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 STREET ADDRESS CITY-ST-ZIP	PSD ALLEGRETTI, JON A 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael A. Schalk 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIMAN, GABRIEL 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD KARHUT, GUENTER 400 FAIRWAY DRIVE MONN TOWNSHIP, PA 15108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 FAIMANN		01/27/05 (412) 375-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	