

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 039 ***150.00

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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

DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ALLEGRETTI, JON A
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	TD
NAME	FAIMANN, GABRIEL
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	COOD
NAME	KARHUT, GUENTER
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MONN TOWNSHIP, PA 15108
TITLE	S
NAME	SCMALK, MICHAEL A
STREET ADDRESS	400 FAIRWAY DRIVE
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Faimann

3-7-06

Date

412-325-6756

Daytime Phone #