

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P32363 1. Entity Name NORTH AMERICAN REFRACTORIES COMPANY	
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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
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DO NOT WRITE IN THIS SPACE



01242007 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEGRETTI, JON A 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIMAN, GABRIEL 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD KARHUT, GUENTER 400 FAIRWAY DRIVE MONN TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCMALK, MICHAEL A 400 FAIRWAY DRIVE MOON TOWNSHIP, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000620576
02/09/07-80042-020 150.00

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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: _____ **1.24.07** **412.375-6756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #