2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P32363

Entity Name: NORTH AMERICAN REFRACTORIES COMPANY

Current Principal Place of Business:

400 FAIRWAY DR.
MOON TOWNSHIP, PA 151082190

New Principal Place of Business:

Current Mailing Address:

400 FAIRWAY DR.
ATTN: TAX DEPT.
MOON TOWNSHIP, PA 151082190

New Mailing Address:

FEI Number: 31-0943770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ALLEGRETTI, JON A
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: TD ( ) Delete
Name: FAIMAN, GABRIEL
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: COOD ( ) Delete
Name: KARHUT, GUENTER
Address: 400 FAIRWAY DRIVE
City-St-Zip: MONN TOWNSHIP, PA 15108

Title: S ( ) Delete
Name: SCMALK, MICHAEL A
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FAIMANN, GABRIEL
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: CEOD (X) Change ( ) Addition
Name: KARHUT, GUENTER
Address: 400 FAIRWAY DRIVE
City-St-Zip: MONN TOWNSHIP, PA 15108

Title: S (X) Change ( ) Addition
Name: SCHALK, MICHAEL A
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL FAIMANN CFOD 04/22/2009

Electronic Signature of Signing Officer or Director — Date