2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P32363

Entity Name: NORTH AMERICAN REFRACTORIES COMPANY

Current Principal Place of Business:

400 FAIRWAY DR.
MOON TOWNSHIP, PA 151083190

New Principal Place of Business:

Current Mailing Address:

400 FAIRWAY DR.
ATTN: TAX DEPT.
MOON TOWNSHIP, PA 151083190

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

OFFICERS AND DIRECTORS:

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

Title: TD
Name: FAIMANN, GABRIEL
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: CEOD
Name: KARHUT, GUENTER
Address: 400 FAIRWAY DRIVE
City-St-Zip: MONN TOWNSHIP, PA 15108

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

Title: CFO
Name: FAIMANN, GABRIEL
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: VP
Name: FISCHER, VIKTOR
Address: 400 FAIRWAY DRIVE
City-St-Zip: MOON TOWNSHIP, PA 15108

I hereby 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 all other like empowered.

SIGNATURE: GABRIEL FAIMANN CFO 04/12/2012

Electronic Signature of Signing Officer or Director — Date