

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32363

Entity Name: NORTH AMERICAN REFRACTORIES COMPANY**Current Principal Place of Business:**1305 CHERRINGTON PARKWAY
SUITE 100
MOON TOWNSHIP, PA 15108**Current Mailing Address:**1305 CHERRINGTON PARKWAY
SUITE 100
MOON TOWNSHIP, PA 15108 US**FEI Number:** 31-0943770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	DELO, STEPHEN M
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-Zip:	MOON TOWNSHIP PA 15108

Title	S, DIRECTOR
Name	SCHALK, MICHAEL A
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-Zip:	MOON TOWNSHIP PA 15108

Title	DIRECTOR
Name	NOCK, JESSICA L
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-Zip:	MOON TOWNSHIP PA 15108

Title	VP
Name	JACKSON, CAROL
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-Zip:	MOON TOWNSHIP PA 15108

Title	TREASURER
Name	WINFIELD, FRANCES R
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-Zip:	MOON TOWNSHIP PA 15108

Title	VP
Name	HALL, DOUGLAS A
Address	1305 CHERRINGTON PARKWAY SUITE 100
City-State-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: MICHAEL A SCHALK**SECRETARY****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date