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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827461 (5)
1. Corporation Name
A.P. GREEN INDUSTRIES, INC.

Principal Place of Business: GREEN BLVD MEXICO MO 65265
Mailing Address: GREEN BLVD MEXICO MO 65265

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/10/1972 | 3a. Date of Last Report 05/01/1994 |
| 21 | | 26 | | 4. FEI Number 43-0899374 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | FL | 85 | Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | VP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BINDER, D.G. | 1.2 NAME | |
| STREET ADDRESS | R.R. #3 BOX 355 | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 1.4 CITY, ST, ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AIKEN, M.C. | 2.2 NAME | |
| STREET ADDRESS | 1805 BENNINGTON | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 2.4 CITY, ST, ZIP | |
| TITLE | VP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GARY L. | 3.2 NAME | |
| STREET ADDRESS | 219 E TEAL LAKE RD | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 3.4 CITY, ST, ZIP | |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAGAN, D. Y. | 4.2 NAME | |
| STREET ADDRESS | 10 COUNTRY CLUB DRIVE | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 4.4 CITY, ST, ZIP | |
| TITLE | AS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GARY L. | 5.2 NAME | |
| STREET ADDRESS | 219 E TEAL LAKE RD | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 5.4 CITY, ST, ZIP | |
| TITLE | CP | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUMMER, P. F. | 6.2 NAME | |
| STREET ADDRESS | 5 MELODY LANE | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | MEXICO MO | 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an alternate agent with an address.

SIGNATURE: *Gary L. Roberts* GARY L. ROBERTS 4-19-95 314-473-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #