

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:10

DOCUMENT # **802705** (4)
1. Corporation Name
GRAYBAR ELECTRIC COMPANY, INC.

Principal Place of Business Mailing Address
34 NORTH MERAMEC AVENUE **34 NORTH MERAMEC AVENUE**
P.O. BOX 7231 **P.O. BOX 7231**
ST. LOUIS MO 63177 **ST. LOUIS MO 63177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1926** 3a. Date of Last Report **03/03/1994**
4. FEI Number **13-0794380** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc 26. Suite, Apt. #, etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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

Signature (Typed or printed name of registered agent and Florida resident)

DATE (Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCGRATH, E.A.
STREET ADDRESS	13550 ROYAL GLEN DRIVE
CITY - ST - ZIP	ST. LOUIS MO
TITLE	VD
NAME	THOMPSON, A. A.
STREET ADDRESS	18 BRIARCLIFF
CITY - ST - ZIP	LADUE MO
TITLE	VTD
NAME	WOLF, J.W.
STREET ADDRESS	21 DEER CREEK WOODS
CITY - ST - ZIP	LADUE MO
TITLE	SD
NAME	TULLOCH, G.S. JR.
STREET ADDRESS	4954 LINDELL BLVD. 5W
CITY - ST - ZIP	ST. LOUIS MO
TITLE	VD
NAME	HARPER, G.W.
STREET ADDRESS	958 ARLINGTON OAKS
CITY - ST - ZIP	ST. LOUIS MO
TITLE	VD
NAME	SEATON, J. R.
STREET ADDRESS	2 APPLE TREE LANE
CITY - ST - ZIP	LADUE MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	57 FAIR OAKS
64. CITY - ST - ZIP	ST. LOUIS, MO. 63124

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)(b), 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 or Block 14 of an attachment with an address.

SIGNATURE: *J.R. Seaton* J.R. SEATON 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT + COMPTROLLER