## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90087 032 \*\*\*150.00

## DOCUMENT # 802705 1. Corporation Name

GRAYBAR ELECTRIC COMPANY, INC.

										(1)	(1 <b>6 16</b> 11 1 <b>4 6</b> 1 1
Principal Place of Business			Mailing Address						, 61611 616	ATT MARKE BAREL BIT	)   G(B()  GE)
34 NORTH MERAMEC AVENUE			34 NORTH MERAMEC AVENUE								
P.O. BOX 7231			P.O. BOX 7231					DO NOT WRITE IN THIS SPACE			
ST. LOUIS MO 63177			ST. LOUIS MO 63177						1 1010	SPACE	<del></del>
								3. Date Incorporated or Qualifed			
_		- 1 0-		_				01/04/1926 4. FEI Number		1 14==	lied For
2. Principal Place of Business			2a. Mailing Address							<del></del>	Applicable
21			26					13-0794380		_\$8.75 A	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					=5 Certificate of Status Desired		Fee Rec	
22			City & State					6 Flastica Companies Financies		\$5.00 N	
City & State			28					6. Election Campaign Financing Trust Fund Contribution		Added to	
Zip Country			Zip Country				8. This corporation owes the current y	oar Ints			
Zip		<u> </u>	2.10	30	,			Personal Property Tax.	ear into		□No
24	9. Name and Address of Currer	29	tored Agent	[30]				10. Name and Address of New Regis	tered /		=
	. Name and Address of Curren	it Negis	tered Agent		81	Name					
CT C	ORPORATION SYSTEM										
1200 S. PINE ISLAND ROAD						Street /	Addres	ess (P.O. Box Number is Not Acceptable)			Ì
PLANTATION FL' 33324											
"	72)				83						
	2010/10 mi				84	City			FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					a have a send correction pubmits this statement for the					changing its r	
office or re	edistered agent or both in the State.	of Floric	la. Such change was a	uthorized	bv	the coroo	corpor	's board of directors. I hereby accept the	: appoin	itment as reg	istered
agent. I ai	n familiar with, and accept the obliga	tions of,	Section 607.0505, Flo	rida Statu	ites	•					
SIGNATURE									ATE		\
	Signature, typed or printed name of registered age			:: Registered	Agen	nt signature n	equired v	when reinstating)  ADDITIONS/CHANGES TO OFFICE		D DIRECTOL	
12.	OFFICERS AN	אט טואב	□ DELETE	1.1 111	n E		F	ABBITIONS/OTANGES TO GITTIGE		Change	Addition
TITLE	PD		DEEE IE								
NAME	C L HALL			1.2 NA							]
STREET ADDRESS	59 MUIRFIELD COURT					ADDRESS					Ì
CITY-ST-ZIP	TOWN & COUNTRY MO	·····	□ DELETE	1.4 CIT		T- ZIP	ļ			Change	Addition
TITLE	VD DELETE				2.1 TITLE					□ onange	
NAME	R H HANEY			2.2 NAME						1	
STREET ADORESS	13353, FAIRFIELD CIRCLE		<b>-</b> μ			raddress !	-	•		•	1
CITY-ST-ZIP	TOWN & COUNTRY MO			2. 4 CI	_	T-ZIP				Change	Addition
TITLE	VTD DELETE		3.1 TIT						☐ Citalige	☐ Addition	
NAME	VOLF, J.W.			3.2 NAME						ţ	
STREET ADDRESS	21 DEER CREEK WOODS			3.3 ST	REET	TADDRESS					- (
CITY-ST-ZIP	LADUE MO			3.4. CI		T-ZIP					
TITLE	SD		☐ DELETE	4.1 111						☐ Change	☐ Addition
NAME	DOWD, T. F.			4. 2 N	AME						{
STREET ADDRESS	4643 PERSHING		<u>.</u>	4.3 ST	REET	FADDRESS					1
CITY-ST-ZIP	ST LOUIS MO 63108	····		4.4 CI		T-ZIP	<u></u>	···			
TITLE	VD		☐ DELETE	5.1 TD						Change	Addition \
NAME	HARPER, G.W.			5.2 NA							
STREET ADDRESS	958 ARLINGTON OAKS			5.3 ST	REET	TADDRESS					
CITY-ST-ZIP	ST. LOUIS MO			5.4 CI		T-ZIP	<u>L</u> _				
TITLE	VD		□ DELETE	6.1 111	ILE.					Change	☐ Addition
NAME 💐 🤻	SEATON, J. R.			6.2 NA	ME						
STREET ADDRESS	57 FAIR OAKS			6.3 ST	REET	T ADDRESS	1				\ \

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP ST. LOUIS MO

REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. R. Seaton

4/05/99

314-512-9441