2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #802705

1. Entity Name

GRAYBAR ELECTRIC COMPANY, INC.



Principal Place of Business

34 NORTH MERAMEC AVENUE

P.O. BOX 7231 ST. LOUIS, MO 63177 Mailing Address

34 NORTH MERAMEC AVENUE

P.O. BOX 7231 ST. LOUIS, MO 63177 FILED Mar 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE $\frac{^{\circ 2}}{4}$

02192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-0794380 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PD TITLE REYNOLDS, R A NAME STREET ADDRESS 116 CORRINGTON CT CITY-ST-ZIP TOWN & COUNTRY, MO 63017 VD TITLE D'ALESSANDRO, D.B. NAME STREET ADDRESS 16313 BIRCHBROOK CT CITY-ST-ZIP CHESTERFIELD, MO 63005 VT TITI F NAME REED, J N 520 PROSPECTOR RIDGE STREET ADDRESS CITY-ST-ZIP BALLWIN, MO 63011 DOWD, T. F. NAME 4643 PERSHING STREET ADDRESS CITY-ST-ZIP ST LOUIS, MO 63108 TITLE VD GIGLIO, L G STREET ADDRESS 16875 KEYRSDALE DR CITY-ST-ZIP ST LOUIS, MO 63005 BEAGEN, M.J. NAME 17749 WESTHAMPTON WOODS DR STREET ADDRESS WILDWOOD, MO 63055

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the composition of the composition of the composition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a later like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED LAME OF SIGNING OFFICER OR DIRECT

SEAGEN 2/24/07 (34) 573-9200