

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90111 037 ***150.00

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**

40081000



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

**(314)
573-9272**

Daytime Phone #