

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818422

FILED
Feb 02, 2009
Secretary of State

Entity Name: MINERALS MANAGEMENT INC

Current Principal Place of Business:

1501 LAKELAND DRIVE, STE. 301
JACKSON, MS 39216

New Principal Place of Business:

Current Mailing Address:

1501 LAKELAND DRIVE, STE. 301
JACKSON, MS 39216

New Mailing Address:

P.O. BOX 12788
JACKSON, MS 39236

FEI Number: 64-0345126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCGEHEE, HOBSON C JR,
Address: 1501 LAKELAND DRIVE, STE. 301
City-St-Zip: JACKSON, MS 39216

Title: VPD () Delete
Name: MCGEHEE, DONALD B,
Address: 1501 LAKELAND DRIVE, STE. 301
City-St-Zip: JACKSON, MS 39216

Title: VPD () Delete
Name: MCGEHEE, KIRK
Address: 101C N GREENVILLE AVE, STE 601
City-St-Zip: ALLEN, TX 75002

Title: VPD () Delete
Name: LAIRD, E.E.,
Address: P.O. BOX 1376
City-St-Zip: OXFORD, MS 38655

Title: VPD () Delete
Name: MCGEHEE, HOBSON C. III
Address: 505 CEDARMONT CIRCLE
City-St-Zip: MADISON, MS 39110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOBSON C. MCGEHEE JR.

PTD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date