

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002599

FILED
Apr 20, 2007
Secretary of State

Entity Name: VALLEY NATIONAL GASES, INC.

Current Principal Place of Business:

67 - 43RD STREET
WHEELING, WV 26003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6628
WHEELING, WV 26003

New Mailing Address:

FEI Number: 55-0460738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 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: P () Delete
Name: HART, JAMES P
Address: 200 WEST BEAU STREET, SUITE 200
City-St-Zip: WASHINGTON, PA 15301

Title: C () Delete
Name: WEST, GARY E
Address: 200 WEST BEAU STREET, SUITE 200
City-St-Zip: WASHINGTON, PA 15301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: INDELICATO, WILLIAM A
Address: 200 WEST BEAU STREET, SUITE 200
City-St-Zip: WASHINGTON, PA 15301

Title: D () Change (X) Addition
Name: ISEMANN, FREDERICK J
Address: 500 PARK AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Change (X) Addition
Name: LEFKOWITZ, STEVEN M
Address: 500 PARK AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Change (X) Addition
Name: THESELING, JOOST F
Address: 500 PARK AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P. HART

P

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date