

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **816942** (7)  
1. Corporation Name  
**MCJUNKIN CORPORATION**

Principal Place of Business  
**835 HILLCREST DR. E.  
CHARLESTON W VA 25311**

Mailing Address  
**835 HILLCREST DR. E.  
CHARLESTON W VA 25311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/18/1922</b>	
4. FEI Number <b>55-0229830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WEHRL, H.B. JR.</b>
STREET ADDRESS	<b>835 HILLCREST DR</b>
CITY-ST-ZIP	<b>CHARLESTON WV</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VI WEHRL, M.H.</b>
STREET ADDRESS	<b>835 HILLCREST DR.</b>
CITY-ST-ZIP	<b>CHARLESTON, WV.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRIBER, F.E., JR.</b>
STREET ADDRESS	<b>3 GREENWINGED TEAL ROAD</b>
CITY-ST-ZIP	<b>AMELIA ISLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS TROUT, JEANA B</b>
STREET ADDRESS	<b>835 HILLCREST DR</b>
CITY-ST-ZIP	<b>CHARLESTON WV</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD GRAFF JR., F.T.</b>
STREET ADDRESS	<b>835 HILLCREST DR</b>
CITY-ST-ZIP	<b>CHARLESTON WV</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WEHRL, H. B. III</b>
STREET ADDRESS	<b>1620 LOUDEN HGTS ROAD</b>
CITY-ST-ZIP	<b>CHARLESTON, WV.</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Sandra B. Northam* 4/1/98 (324) 348-4914

CP2E034 (1097)