2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2015
Secretary of State
CC0134531186

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Entity Name: OHIO WELDED COMPANY

Current Principal Place of Business:

3000 OAK PARK BLVD
HOUSTON, TX 77056

Current Mailing Address:

C/O TAX DEPT.
50 BEALE STREET
SAN FRANCISCO, CA 94105

FEI Number: 38-1810693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	PRES
Name	FUTCHER, JOHN E
Address	3000 OAK PARK BLVD
City-State-Zip:	HOUSTON TX 77056

Title	VP
Name	DESHONG, JOHN K
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	AC
Name	RESTIVO, PEGGY H
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	SVP & DIRECTOR
Name	DAWSON, PETER A
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	SY
Name	QUAZZO, MARY W
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	TRES
Name	LEADER, KEVIN C
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	AS
Name	SCHAFER, KIMBERLEY C
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	SVP & DIRECTOR
Name	BAILEY, MICHAEL C
Address	C/O TAX DEPT. 50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

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I hereby 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 all other like empowered.

SIGNATURE: PEGGY H. RESTIVO ASST. CONTROLLER 03/04/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	PVP
Name	KUXHAUSEN, STEVEN A
Address	3000 OAK PARK BLVD
City-State-Zip:	HOUSTON TX 77056

Title	VP
Name	HAWKINS, STEPHEN
Address	3000 OAK PARK BLVD
City-State-Zip:	HOUSTON TX 77056

Title	AS
Name	BROWER, DERECK R
Address	3000 OAK PARK BLVD
City-State-Zip:	HOUSTON TX 77056

Title	AT
Name	MAHESHWARI, ANSHUL
Address	C/O TAX DEPT. 50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	AC
Name	BAKER, KIMBERLY
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	PVP & CONTROLLER
Name	SPARKS, ANETTE M
Address	C/O TAX DEPT. 50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	VP & AS
Name	RANKIN, CLIFTON S
Address	3000 OAK PARK BLVD
City-State-Zip:	HOUSTON TX 77056

Title	AS
Name	PERROU, ELDYNE S
Address	C/O TAX DEPT. 50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	VP
Name	NICOLSON, JOHN E
Address	3000 POST OAK B LVD
City-State-Zip:	HOUSTON TX 77056-6503