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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 25311-1627

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/18/1922

3a. Date of Last Report

04/26/1996

4. FEI Number

55-0229830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WEHRLE, H.B. JR.
STREET ADDRESS ~~15 GROSSCUP ROAD~~ 835 Hillcrest Dr.
CITY-ST-ZIP CHARLESTON WV

TITLE VT ☐ DELETE
NAME WEHRLE, M.H.
STREET ADDRESS 835 HILLCREST DR.
CITY-ST-ZIP CHARLESTON, WV.

TITLE D ☐ DELETE
NAME BRIBER, F.E., JR.
STREET ADDRESS 3 GREENWINGED TEAL ROAD
CITY-ST-ZIP AMELIA ISLAND FL

TITLE AS ☒ DELETE
NAME PLANTZ, AUDREY C
STREET ADDRESS 835 HILLCREST DR
CITY-ST-ZIP CHARLESTON WV 25311

TITLE SD ☐ DELETE
NAME GRAFF JR., F.T.
STREET ADDRESS 835 HILLCREST DR
CITY-ST-ZIP CHARLESTON WV

TITLE P ☐ DELETE
NAME WEHRLE, H. B. III
STREET ADDRESS 1620 LOUDEN HGTS ROAD
CITY-ST-ZIP CHARLESTON, WV.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition
1.2 NAME Faye C. Durbin
1.3 STREET ADDRESS 835 Hillcrest Drive
1.4 CITY-ST-ZIP Charleston, WV 25322

2.1 TITLE Assistant Secretary ☐ Change ☒ Addition
2.2 NAME Jeanne B Trout
2.3 STREET ADDRESS 835 Hillcrest Dr.
2.4 CITY-ST-ZIP Charleston, WV 25322

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Jeanne B Trout

April 2, 1997 (301) 248-4444

CR2E034 (9/96)