

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816942

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0229830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90011 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

3/21/2000 (304)348-4914