


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 816942 1. Entity Name MCJUNKIN CORPORATION	
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Principal Place of Business 835 HILLCREST DR. E. CHARLESTON, WV 25311	Mailing Address 835 HILLCREST DR. E. CHARLESTON, WV 25311
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0229830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000339331
04/28/05-80071-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEHRLE, H.B. JR. 835 HILLCREST DR CHARLESTON WV,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WEHRLE, M.H. 835 HILLCREST DR. CHARLESTON, WV.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISAACS, RUSSELL L STE 1523 300 SUMMERS CHARLESTON, WV 25301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BURNS, JOAN C 835 HILLCREST DR CHARLESTON, WV
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRAFF JR., F.T. 835 HILLCREST DR CHARLESTON, WV
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEHRLE, H. B. III 1620 LOUDEN HGTS ROAD CHARLESTON, WV.,

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

4-25-05
Date

(304) 348-4914
Daytime Phone #