

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816942

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: MCJUNKIN CORPORATION

## Current Principal Place of Business:

835 HILLCREST DR. E.  
CHARLESTON, WV 25311

## New Principal Place of Business:

## Current Mailing Address:

835 HILLCREST DR. E.  
CHARLESTON, WV 25311

## New Mailing Address:

%TAX DEPT.  
PO BOX 513  
CHARLESTON, WV 253220513 US

FEI Number: 55-0229830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEHRLE, H.B. JR.,  
Address: 835 HILLCREST DR  
City-St-Zip: CHARLESTON WV,

Title: VT ( ) Delete  
Name: WEHRLE, M.H.,  
Address: 835 HILLCREST DR.  
City-St-Zip: CHARLESTON, WV.,

Title: D ( ) Delete  
Name: ISAACS, RUSSELL L  
Address: STE 1523 300 SUMMERS  
City-St-Zip: CHARLESTON, WV 25301

Title: AS ( ) Delete  
Name: BURNS, JOAN C  
Address: 835 HILLCREST DR  
City-St-Zip: CHARLESTON, WV

Title: SD ( ) Delete  
Name: GRAFF JR., F.T.,  
Address: 835 HILLCREST DR  
City-St-Zip: CHARLESTON, WV

Title: P ( ) Delete  
Name: WEHRLE, H. B. III,  
Address: 1620 LOUDEN HGTS ROAD  
City-St-Zip: CHARLESTON, WV.,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN C. BURNS

ASEC

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date