## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#816942** 

FILED Apr 21, 2008 Secretary of State

Entity Nai	me: MCJUNK	IN RED MAN CORPORA	TION			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	REST DR. E. STON, WV 253	311				
Current Mailing Address:			New Maili	New Mailing Address:		
	REST DR. E. STON, WV 253	311				
FEI Number: 55-0229830		FEI Number Applied For (	) FEI Number Not App	plicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	Surrent Registered Ager	t: Name and	d Address of New Registered Agent:		
C/O C T C 1200 SOU	PORATION SYSTEM FOR PORATION THE PINE ISLA FIGON, FL 33324	N SYSTEM ND RD				
	named entity : e of Florida.	submits this statement for	the purpose of changing	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electror	nic Signature of Registere	d Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( )				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CFO ( ) UNDERHILL, J 835 HILLCRES CHARLESTON,	T DR	Title: Name: Address: City-St-Zip:	CFO (X) Change ( ) Addition UNDERHILL, J F 835 HILLCREST DR CHARLESTON, WV 25311		
Title: Name: Address: City-St-Zip:	AS ( ) BURNS, JOAN 835 HILLCRES CHARLESTON,	T DR	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition BURNS, JOAN C 835 HILLCREST DR CHARLESTON, WV 25311		

 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.,

Title: ( ) Change ( ) Addition Name:

CHARLESTON, WV 25311

GRAFF JR., F.T.,

835 HILLCREST DR

(X) Change ( ) Addition

SD

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 AS 04/21/2008