

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816942

FILED
Apr 24, 2009
Secretary of State

Entity Name: MCJUNKIN RED MAN 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:

PO BOX 513
CHARLESTON, WV 25322

FEI Number: 55-0229830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: CFO () Delete
Name: UNDERHILL, J F
Address: 835 HILLCREST DR
City-St-Zip: CHARLESTON, WV 25311

Title: AS () Delete
Name: BURNS, JOAN C
Address: 835 HILLCREST DR
City-St-Zip: CHARLESTON, WV 25311

Title: SD () Delete
Name: GRAFF JR., F.T.
Address: 835 HILLCREST DR
City-St-Zip: CHARLESTON, WV 25311

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: AS (X) Change () Addition
Name: DEDO, RACHAEL L
Address: 835 HILLCREST DR
City-St-Zip: CHARLESTON, WV 25311

Title: SD (X) Change () Addition
Name: LAKE, STEPHEN W
Address: 8023 EAST 63RD PLACE, SUITE 800
City-St-Zip: TULSA, OK 74133

Title: P (X) Change () Addition
Name: LANE, ANDREW
Address: 8023 EAST 63RD PLACE, SUITE 800
City-St-Zip: TULSA, OK 74133

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: RACHAEL L DEDO

AS

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date