

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816942

FILED  
Mar 22, 2010  
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:**

PO BOX 513  
CHARLESTON, WV 25322

**New Mailing Address:**

**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  
**Name:** UNDERHILL, JAMES F  
**Address:** 835 HILLCREST DR  
**City-St-Zip:** CHARLESTON, WV 25311

**Title:** AS  
**Name:** DEDO, RACHAEL L  
**Address:** 835 HILLCREST DR  
**City-St-Zip:** CHARLESTON, WV 25311

**Title:** SD  
**Name:** LAKE, STEPHEN W  
**Address:** 8023 EAST 63RD PLACE, SUITE 800  
**City-St-Zip:** TULSA, OK 74133

**Title:** P  
**Name:** LANE, ANDREW  
**Address:** 8023 EAST 63RD PLACE, SUITE 800  
**City-St-Zip:** TULSA, OK 74133

I hereby 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 all other like empowered.

**SIGNATURE:** RACHAEL DEDO

SEC

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date