

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836379

FILED
Apr 14, 2009
Secretary of State

Entity Name: MURPHY COMPANY MECHANICAL CONTRACTORS AND ENGINEERS

Current Principal Place of Business:

1233 N PRICE RD
ST. LOUIS, MO 631329396

New Principal Place of Business:

Current Mailing Address:

1233 N PRICE RD
ST. LOUIS, MO 631329396

New Mailing Address:

FEI Number: 43-0705361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: KOESTER, ROBERT
Address: 1233 N. PRICE ROAD
City-St-Zip: SAINT LOUIS, MO 63132

Title: C () Delete
Name: MURPHY, JAMES J
Address: 1233 N PRICE RD.
City-St-Zip: SAINT LOUIS, MO 63132

Title: P () Delete
Name: MURPHY, PATRICK
Address: 1233 N PRICE RD.
City-St-Zip: SAINT LOUIS, MO 63132

Title: CT () Delete
Name: DECKOR, KENT
Address: 1233 N. PRICE RD
City-St-Zip: SAINT LOUIS, MO 63132

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:

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: ROBERT L. KOESTER

CFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date