

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848356

FILED  
Jan 11, 2012  
Secretary of State

Entity Name: MCLANE COMPANY, INC.

**Current Principal Place of Business:**

4747 MCLANE PKWY  
TEMPLE, TX 765036115 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6115  
ATTN: TAX DEPT.  
TEMPLE, TX 765036115 US

**New Mailing Address:**

FEI Number: 74-1478631      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 ROAD  
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

**OFFICERS AND DIRECTORS:**

Title: AS  
Name: GRAVES, DONALD R.  
Address: 4747 MCLANE PARKWAY  
City-St-Zip: TEMPLE, TX

Title: T  
Name: KEVIN J. KOCH  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX

Title: PD  
Name: YOUNGBLOOD, MIKE  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX 76504

Title: CEOD  
Name: ROSIER, WILLIAM G.  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX 76504

Title: EVD  
Name: KENT, JAMES L  
Address: 4747 MCLANE PKWY.  
City-St-Zip: TEMPLE, TX 76504

Title: S  
Name: MEWHINNEY, LEN  
Address: 4747 MCLANE PKWY.  
City-St-Zip: TEMPLE, TX 76504

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: KEVIN J. KOCH

TREA

01/11/2012

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

\_\_\_\_\_  
Date