2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000094

Entity Name: HAGEMEYER NORTH AMERICA, INC.

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1460 TOBIAS GADSON BLVD CHARLESTON, SC 29407						
Current Mailing Address:			New Maili	New Mailing Address:		
1460 TOBIAS GADSON BLVD CHARLESTON, SC 29407						
FEI Number:	56-2281578	FEI Number Applied For () FEI N	umber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
The above in the State		submits this statement for the purpose	of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:						
	Electron	ic Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () GABRIEL, DAVI 1460 TOBIAS G CHARLESTON,	ADSON BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CIO () LAUER, DOUG 1460 TOBIAS G CHARLESTON,		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	CFOS () NEOCLEOUS, A 1460 TOBIAS G CHARLESTON,	ADSON BLVD	Title: Name: Address: City-St-Zip:	NEOCLEOUS,	GADSON BLVD	
Title: Name: Address: City-St-Zip:	D () TIEMSTRA, J.S. 1460 TOBIAS G CHARLESTON,	ADSON BLVD	Title: Name: Address: City-St-Zip:	VP () NETZEL, JOS 11680 GREAT ALPHARETTA	OAKS WAY	
Title: Name: Address: City-St-Zip:	EVP () UNION, CHRIS 1460 TOBIAS G CHARLESTON,		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () NEOCLEOUS, A 1460 TOBIAS G CHARLESTON,	ADSON BLVD	Title: Name: Address: City-St-Zip:	() Change ()Addition	

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: JOSEPH NETZEL VP 03/08/2009