

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003224

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** WESTERN OILFIELDS SUPPLY COMPANY

**Current Principal Place of Business:**

3404 STATE ROAD  
BAKERSFIELD, CA 93308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2248  
BAKERSFIELD, CA 93303

**New Mailing Address:**

**FEI Number:** 95-1362750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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: PCEO  
Name: LAKE, JOHN W  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

Title: VPT  
Name: LAKE, ROBERT  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

Title: CFO  
Name: LAKE, ROBERT  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

Title: VP  
Name: LAKE, WALTER G  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

Title: VP  
Name: LAKE, CYNTHIA  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

Title: S  
Name: PULLEY, MARGUERITE K  
Address: 3404 STATE ROAD  
City-St-Zip: BAKERSFIELD, CA 93308

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: ANTHONY E SCHOEN

ACS

04/18/2011

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

\_\_\_\_\_  
Date