

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003878

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** VALLEY NATIONAL GASES WV LLC

**Current Principal Place of Business:**

6500 ROCKSIDE ROAD  
SUITE 200  
INDEPENDENCE, OH 44131

**New Principal Place of Business:**

**Current Mailing Address:**

67 43RD ST., P.O. BOX 6628  
WHEELING, WV 26003

**New Mailing Address:**

**FEI Number:** 26-0298872

**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

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** KROLL, WILLIAM CEO  
**Address:** 150 ALLEN ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920 US

**Title:** PRES  
**Name:** KALLMAN, THOMAS S  
**Address:** WALNUT  
**City-St-Zip:** IRVING, TX US

**Title:** CFO  
**Name:** BELLITTO, JOSEPH  
**Address:** 150 ALLEN ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920 US

**Title:** TRES  
**Name:** NIWA, YOSHIYUKI  
**Address:** 150 ALLEN ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

**Title:** SEC  
**Name:** STROUD, STEPHEN I  
**Address:** 150 ALLEN ROAD  
**City-St-Zip:** BASKING RIDGE, NJ 07920

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** WILLIAM KROLL

CEO

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date