2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P11824

Entity Name: GREGG INDUSTRIAL INSULATORS, INC.

Current Principal Place of Business:

201 ESTES
LONGVIEW, TX 75602 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4347
LONGVIEW, TX 75606 US

New Mailing Address:

FEI Number: 75-1524467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MERRITT, THOMAS C.
Address: 1619 CLARENDON
City-St-Zip: LONGVIEW, TX 75601

Title: D ( ) Delete
Name: MERRITT, MICHAEL W.
Address: RT 6 BOX 48
City-St-Zip: KILGORE, TX 75662

Title: STD ( ) Delete
Name: MERRITT, A.P., JR.
Address: 4500 STONE ROAD
City-St-Zip: KILGORE, TX 75662

Title: VPD ( ) Delete
Name: BROOKS, DAVID, R
Address: 300 PECAN CREEK
City-St-Zip: HENDERSON, TX 75654

Title: D ( ) Delete
Name: MERRITT, MARGARET B
Address: 1111 BROOK DR
City-St-Zip: KILGORE, TX 75662

Title: D ( ) Delete
Name: BARBEE, MERITA M
Address: 3420 DANVILLE DR
City-St-Zip: KILGORE, TX 75662

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:

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: DAVID R. BROOKS VP 04/28/2009

Electronic Signature of Signing Officer or Director Date