

1.) CORPORATION NAME:

**W. & O. SUPPLY, INC.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0348849**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2677 PORT INDUSTRIAL DRIVE

CITY/ST/ZIP: JACKSONVILLE, FL 32226

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL P HUME	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2677 PORT INDUSTRIAL DR.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32226		

NAME:	MICHAEL S MICKLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2677 PORT INDUSTRIAL DR.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32226		

NAME:	MICHAEL E PAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2677 PORT INDUSTRIAL DR.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32226		

NAME:	JACK B GUIDRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	840 GESSNER ROAD SUITE 950		
CITY/ST/ZIP/CO:	HOUSTON, TX 77024		

NAME:	ADRIANUS SMALBRAAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2677 PORT INDUSTRIAL DR.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32226		

NAME:	DAVID TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2677 PORT INDUSTRIAL DR.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32226		

NAME: SAM ENTRIKEN TITLE: VICE PRESIDENT ADDRESS: 2677 PORT INDUSTRIAL DR. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID WATKINS TITLE: SECRETARY ADDRESS: 840 GESSNER ROAD CITY/ST/ZIP/CO: SUITE 950 HOUSTON, TX 77024	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID WATKINS TITLE: TREASURER ADDRESS: 840 GESSNER ROAD CITY/ST/ZIP/CO: SUITE 950 HOUSTON, TX 77024	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DAVID WATKINS	DAVID WATKINS, SECRETARY	4/9/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		