

1.) CORPORATION NAME:

MURPHY OIL USA, INC.

DUE DATE: **12/30/2010**

SCC ID NO: **F1127770**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 PEACH STREET

CITY/ST/ZIP: ELDORADO, AR 71730-

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: D M WOOD
TITLE: PRESIDENT
ADDRESS: 110 SUMMIT PLACE
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

OFFICER

DIRECTOR

NAME: S A COSSE
TITLE: VICE PRESIDENT
ADDRESS: 2406 PATHWAY
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

OFFICER

DIRECTOR

NAME: H J HEITHAUS
TITLE: SR VP
ADDRESS: 1701 W BLOCK
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

OFFICER

DIRECTOR

NAME: R E LANGSTON
TITLE: ASSISTANT VP
ADDRESS: 125 RAINWATER
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

OFFICER

DIRECTOR

NAME: W K COMPTON
TITLE: SECRETARY
ADDRESS: 1015 N. WEST AVE
CITY/ST/ZIP/CO: EL DORADO, AR 71730-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M K WEST TREASURER 264 RAINWATER RD EL DORADO, AR 71730-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B H STOBAUGH DIRECTOR 2101 PARKWOOD EL DORADO, AR 71730-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E C CAGEL VICE PRESIDENT 804 EASTRIDGE DR EL DORADO, AR 71730-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S F HUNKUS VICE PRESIDENT 608 ROXBURGH DR COLLIERVILLE, TN 38017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M CHENG VICE PRESIDENT 2337 HINSON RD EL DORADO, AR 71730-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J A MOORE ASST SECRETARY 2316 RIDGEWOOD EL DORADO, AR 71730-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T F BUTLER VICE PRESIDENT 101 EVERGREEN EL DORADO, AR 71730-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J W ECKART CONTROLLER 104 HOLLY EL DORADO, AR 71730-	<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/ R E LANGSTON	R E LANGSTON, ASSISTANT VP	12/8/2010
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.