

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000652

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: EDGEN MURRAY CORPORATION

**Current Principal Place of Business:**

18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809

**New Principal Place of Business:**

**Current Mailing Address:**

18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809

**New Mailing Address:**

FEI Number: 13-3908690      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: O'LEARY, DANIEL J  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

Title: VSD ( ) Delete  
Name: LAXTON, DAVID L III  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

Title: D ( ) Delete  
Name: DARAVIRUS, NICHOLAS  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

Title: D ( ) Delete  
Name: LUIKART, JAMES  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

Title: D ( ) Delete  
Name: DIPAOLO, JED  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

Title: T ( ) Delete  
Name: ALLEN, MELISSA  
Address: 18444 HIGHLAND ROAD  
City-St-Zip: BATON ROUGE, LA 70809

**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 L. LAXTON III

VSD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date