Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 02/28/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [X] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIBERSPAR CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

FIBERSPAR CORPORATION

800 PURCHASE STREET
SUITE 502
NEW BEDFORD, MA 02740

800 PURCHASE STREET
SUITE 502
NEW BEDFORD, MA 02740

2b Employer Identification Number (EIN)
04-3128069

2c Sponsor's telephone number
508-999-5110

2d Business code (see instructions)
339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/16/2013	WILLIAM PARHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/16/2013	WILLIAM PARHAM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

FIBERSPAR CORPORATION

800 PURCHASE STREET
SUITE 502
NEW BEDFORD, MA 02740

3b Administrator's EIN
04-3128069

3c Administrator's telephone number
508-999-5110

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	348
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☐	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 02/28/2013

A Name of plan
FIBERSPAR CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIBERSPAR CORPORATION

D Employer Identification Number (EIN)
04-3128069

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	1531	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALL/BERN GLB THMTC A - ALLIANCEBERN 13-3211780	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALL/BERN LGCP GRTH A - ALLIANCEBERN 13-3211780	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK CAP APPR A - BNY MELLON INV S P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK ENERGY & RES A - BNY MELLON I	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK EQUITY DIV A - BNY MELLON INV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK GLOBAL ALLOC A - BNY MELLON I	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK GLOBAL OPP A - BNY MELLON INV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK S&P 500 IDX A - BNY MELLON IN	P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK SCI&TECH OP A - BNY MELLON IN	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK VALUE OPP A - BNY MELLON INV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EV ATL CAP SMID-CP A - BNY MELLON I	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS GRTH & INC A - INVESCO INVESTM	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED S - JANUS SERVICES L 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LD ABT SH DTN INC A - DST SYSTEMS, 43-1581814	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS EMRG MKTS EQ R3 - MFS SERVICE C 04-2865649	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INTL DIVRSN R3 - MFS SERVICE CE 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INTL VALUE R3 - MFS SERVICE CEN 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MA INV TRUST R3 - MFS SERVICE C 04-2865649	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU TOTAL RTN BD A - PRUDENTIAL MUT 22-3703799	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA PREC METALS A - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.30%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 02/28/2013

A Name of plan
FIBERSPAR CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIBERSPAR CORPORATION

D Employer Identification Number (EIN)
04-3128069

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	85121	0
(2) Participant contributions	1b(2)	96434	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	87637	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	427642	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8224465	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8921299	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8921299	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	-18581	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	1726	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		-16855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	305	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		306
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1461	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1461
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		246414
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		231326
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	676170	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		676170
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-894
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1533	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1533
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		676809
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-445483
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		8475816

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGLADREY LLP **(2)** EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. [X] **Yes** [ ] **No** **Amount:** 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
NATIONAL OILWELL VARCO, INC. 401(K) AND RETIREMENT SAVINGS PLAN	76-0488987	001

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 02/28/2013

A Name of plan
FIBERSPAR CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIBERSPAR CORPORATION

D Employer Identification Number (EIN)
04-3128069

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NATIONAL OILWELL VARCO

National Oilwell Varco
7909 Parkwood Circle Drive
Houston, TX 77036

December 13, 2013

McGladrey LLP
80 City Square
Boston, MA 02129

This representation letter is provided in connection with your audit of the financial statements of Fibespar Corporation 401(k) Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2012 and the period ended March 1, 2013 and the related statements of changes in net assets available for benefits for the year and period then ended, and the related notes to the financial statements. We confirm that we are responsible for the fair presentation in statement of net assets available for benefits and related changes in net assets available for benefits in conformity with generally accepted accounting principles in the United States of America (U.S. GAAP).

We have determined that the plan trustees, Frontier Trust Company and Fidelity Management Trust Company, qualify to issue a certification of the Plan's asset activity under section 2520.103-5 of the Department of Labor's (DOL)'s Rules and Regulations. Therefore, as permitted by Regulation 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not perform any auditing procedures with respect to asset information certified or provided by Frontier Trust Company and Fidelity Management Trust Company, the trustees, other than comparing that information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedules as a whole.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, that as of December 12, 2013, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit arrangement letter dated April 3, 2013, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.
2. On March 1, 2013, the Fiberspar Corporation 401(k) Plan into the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. All significant estimates and material concentrations known to management that are required to be disclosed in accordance with the *Risks and Uncertainties* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) have been properly recorded and/or disclosed in the financial statements. Significant estimates are estimates at the statement of net assets date that could change materially within the next year. Concentrations refer to nature and type of investments held by the Plan, or markets in which events could occur that would significantly disrupt normal finances within the next year.
6. Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
7. Transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations there under, including sales, purchases, loans, transfers, leasing arrangements and guarantees, and amounts receivable from or payable to related parties have been appropriately accounted for and disclosed.
8. We are responsible for determining that significant events or transactions that have occurred since the balance sheet date and through the date of this letter have been recognized or disclosed in the financial statements. No events or transactions other than those disclosed in the financial statements have occurred subsequent to the balance sheet date and through the date of this letter that would require recognition or disclosure in the financial statements. We further represent that as of the date of this letter, the financial statements were complete in a form and format that complied with U.S. GAAP, and all approvals necessary for issuance of the financial statements had been obtained.
9. We have properly reported and disclosed amendments to the plan instrument, if any.
10. With respect to supplemental schedules:
    a. We acknowledge our responsibility for the presentation of such information.
    b. We believe such information, including its form and content, is fairly presented in accordance with DOL Rules and Regulations for reporting and disclosure under ERISA.
    c. The methods of measurement or presentation have not changed from those used in the prior period.
    d. There are no underlying significant assumptions or interpretations regarding the measurement.
    e. We will only present the supplemental schedule together with the audited financial statements and auditor's report thereon and will not separate the supplementary information from the audited financial statements and auditor's report thereon in any document that contains such information.

Information Provided

11. We have provided you with:
    a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters.
    b. Additional information that you have requested from us for the purpose of the audit.
    c. Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence.
    d. The currently effective version of the Plan document, including prototype plan document and adoption agreement, the trust agreement or insurance contracts and all related amendments. The Plan was most recently amended and effective as February 1, 2012.
    e. All correspondence, filings, reports, and determinations with the Internal Revenue Service (IRS) and the DOL relating to the Plan's compliance with ERISA and the maintenance of its tax-exempt status.

f. All Plan financial records and related data. In that regard, the payroll information we provided you covered all employees that were eligible to participate in the Plan.

g. All minutes of the meetings of the Plan's Board of Directors, or summaries of actions of recent meetings for which minutes have not yet been prepared.

12. All transactions have been recorded in the accounting records and are reflected in the financial statements. In this regard, the Sponsor's management provided sufficient oversight of the financial statement preparation process that was outsourced to you by performing a detailed review of the financial statements consisting of the following procedures:

- Reconciliation of the general ledger accounts and participant statements to the financial statements.
- Review and approval of all journal entries proposed by you, including review of supporting documentation and explanations.
- Review the adequacy of financial statement disclosure by review and approval of the disclosure checklist completed by you.
- Review and approval of schedules and calculations supporting the amounts included in the notes to the financial statements.
- Applying analytical procedures to financial statements.

13. We have disclosed to you the results of our assessment of risk that the financial statement may be materially misstated as a result of fraud.

14. We have no knowledge of any fraud or suspected fraud affecting the Plan involving:

a. Management or employees who have significant roles in the internal control.

b. Others where the fraud could have a material effect on the financial statements.

15. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

16. We have disclosed to you the identity of the entity's related parties and parties-in-interest and all the related-party and party in interest relationships and transactions of which we are aware.

17. We are aware of no significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the Plan's ability to record, process, summarize, and report financial data.

18. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.

19. The Plan has satisfactory title to all owned assets which are recorded at fair value, and all liens, encumbrances, or security interests have been properly disclosed.

20. We are not aware of any pending or threatened litigation and claims, violations or possible violations of laws and regulations, or other matters, including gain or loss contingencies, whose effects should be considered when preparing the financial statements, and neither we, nor the Plan Sponsor, or others acting on behalf of the Plan, have consulted a lawyer concerning litigation and claims or other matters affecting the Plan.

21. We have answered your questions about the Plan's tax compliance.

22. There have been no communications, whether written or oral, from regulatory agencies concerning non-compliance or deficiencies in the operation of the plan.

23. We have complied with *(a)* all aspects of contractual agreements, including provisions of the Plan, that would have a material effect on the financial statements in the event of noncompliance, *(b)* the fidelity bonding requirements of ERISA, *(c)* all participant eligibility and coverage requirements of the Plan, ERISA and the Internal Revenue Code (IRC), and *(d)* the filing requirements of appropriate agencies.

24. Nonexempt (prohibited) party in interest transactions. We are aware of the DOL regulation 29 CFR Section 2510.3-102, which states that funds withheld from participant wages should be contributed to the Plan as of the earliest date on which such funds can be reasonably segregated from the employer's general assets, but in no event later than the 15th business day of the month following the month in which they are withheld. We have concluded that given the structure and constraints of our system, such funds can generally be deposited within 5 business days. We understand that others, including the IRS or DOL, may view our circumstances differently and arrive at another conclusion. We are reporting as late those deposits that violated the outer limit of the DOL guidance and will make appropriate corrections.

25. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

26. The Plan is qualified under the appropriate section of the IRC and intends to continue as a qualified Plan.

27. All material plan assets transferred to the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan by March 1, 2013. As of the date of the transfer the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan took control and responsibility of the assets.

28. Subsequent to the merger we have deemed distributed all loans that went into default during 2013.

29. We have reviewed the complementary user entity control considerations of the Service Organization Controls (SOC 1) Reports for ADP dated November 28, 2012 for the period ended September 30, 2012, Ascensus dated January 23, 2013 for the year ended December 31, 2012, Frontier Trust Company dated February 21, 2013 for the year ended December 31, 2012, and Fidelity Management Trust Company dated November 30, 2012 for the period ended October 31, 2012 and we believe all applicable controls are in place.

30. There are no:

    a. Nonexempt (prohibited) party-in-interest transactions that were not disclosed in the financial statements or supplemental schedule.

    b. Participant loans or other receivables or investments in default or considered to be uncollectible that were not disclosed in the financial statements or supplemental schedule.

    c. Reportable transactions that were not disclosed in the supplemental schedule.

    d. Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution have been properly recorded or disclosed in the financial statements.

    e. Financial instruments with off-balance-sheet risk have been properly disclosed.

    f. Concentrations of credit risk have been properly disclosed.

    g. Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and lines of credit or similar arrangements.

    a. Agreements to repurchase assets previously sold.

    h. Assets pledged or encumbered.

    b. Liabilities that are subordinated to any other actual or possible liabilities of the Plan.

    i. Lease obligations by the Plan.

31. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

William N. Parham — 12/13/13

Mr. William N. Parham
Vice President of HR Shared Services

Date

Robert W. Blanchard — 12/13/13

Mr. Robert W. Blanchard
VP Corporate Controller

Date

Fiberspar Corporation 401(k) Plan

Financial Statements
and
Supplemental Schedule

March 1, 2013, December 31, 2012 and 2011

Fiberspar Corporation 401(k) Plan

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE
March 1, 2013, December 31, 2012 and 2011

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McGladrey

INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Retirement Plan Committee
Fiberspar Corporation 401(k) Plan
New Bedford, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fiberspar Corporation 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 1, 2013 and December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the period ended March 1, 2013 and the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan, and Frontier Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees held the Plan's assets and executed transactions. The Plan Administrator has obtained certifications from the current trustee as of and for the period ended March 1, 2013 and as of and for the year ended December 31, 2012, and the former trustee as of December 31, 2011 that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As discussed in Notes 1 and 8 to the financial statements, an agreement was entered into by the Fiberspar Corporation and National Oilwell Varco, L.P. to merge the Fiberspar Corporation 401(k) Plan into the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan. The merger was effective March 1, 2013 ("Effective Date"), and all plan assets were transferred to the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan as of March 1, 2013. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter

The supplemental schedules, schedule of delinquent participant contributions and schedule of assets (held at end of year) as of or for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the sub-custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Boston, Massachusetts
December 13, 2013

Fiberspar Corporation 401(k) Plan

Statements of Net Assets Available for Benefits

March 1, 2013, December 31, 2012 and 2011

	2013	2012	2011
ASSETS			
Investments, at fair value:			
Mutual funds	**$ -**	$ 8,224,465	$ 6,624,550
Money market funds	**-**	87,637	93
Common/collective trust fund	**-**	-	528,879
Total investments	**-**	8,312,102	7,153,522
Receivables:			
Notes receivable from participants	**-**	427,642	232,695
Participant contributions	**-**	96,434	4,319
Employer matching contributions	**-**	85,121	4,163
Employer profit sharing contributions	**-**	-	427,640
Total receivables	**-**	609,197	668,817
Net assets reflecting investments at fair value	**-**	8,921,299	7,822,339
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contracts	**-**	-	(11,251)
Net assets available for benefits	**$ -**	$ 8,921,299	$ 7,811,088

The accompanying notes are an integral part of these financial statements.

Fiberspar Corporation 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
Period Ended March 1, 2013 and Year Ended December 31, 2012

Additions to net assets attributed to:	**2013**	2012
Investment income:		
Net appreciation in fair value of investments	**$ 247,364**	$ 654,607
Interest and dividends	**1,407**	193,639
Total investment income	**248,771**	848,246
Interest income on notes receivable from participants	**305**	8,364
Contributions:		
Participant	**-**	1,065,932
Employer	**-**	747,595
Rollover	**1,726**	15,836
Total contributions	**1,726**	1,829,363
Total additions	**250,802**	2,685,973
Deductions from net assets attributed to:		
Benefits paid to participants	**694,752**	1,565,225
Administrative expenses	**1,533**	10,537
Total deductions	**696,285**	1,575,762
Net increase (decrease) prior to transfer of assets	**(445,483)**	1,110,211
Transfer of assets from the Plan	**(8,475,816)**	-
Net increase (decrease)	**(8,921,299)**	1,110,211
Net assets available for benefits:		
Beginning of period	**8,921,299**	7,811,088
End of period	**$ -**	$ 8,921,299

The accompanying notes are an integral part of these financial statements.

Fiberspar Corporation 401(k) Plan

Notes to Financial Statements
March 1, 2013, December 31, 2012 and 2011

1. PLAN DESCRIPTION

The following description of the Fiberspar Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan was a prototype defined contribution plan covering full time and part-time employees of Fiberspar Corporation (the "Company") who completed three consecutive months of service and attained age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective, February 1, 2012, the Plan changed its record keeper and trustee from Ascensus, Inc. and Frontier Trust Company to Fidelity Workplace Services, LLC and Fidelity Management Trust Company, respectively. The Company served as the plan administrator.

During 2012, the Plan Sponsor was acquired by National Oilwell Varco, L.P. On January 29, 2013, Fiberspar Corporation and National Oilwell Varco, L.P. agreed to merge the Plan into the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan. The merger was effective March 1, 2013 ("Effective Date"), and all plan assets were transferred to National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan on March 1, 2013.

Contributions

The Plan consisted of an elective deferral program, a profit-sharing program, and a safe harbor non-elective matching program. Under the elective deferral program, participants could have contributed up to 100% of pretax annual compensation, as defined in the Plan.

Under the safe harbor non-elective matching program, the Company made a matching contribution equal to 3% of employee eligible compensation for the year. The Company made $747,595 of matching contributions in 2012. There was no safe harbor match contributed by the Company during 2013.

Under the profit-sharing program, the Company's Board of Directors annually determined whether the Company would make a contribution to the Plan from profits for that year. The Company's profit-sharing contributions were allocated based on the gross compensation paid to each participant by the Company during the year. Effective January 1, 2008, the Plan was amended to have three allocation groups: executive employees, senior manager employees and all other eligible employees. The Company contributed a different amount for each group, which was allocated pro rata among qualifying participants in the group. In 2013 and 2012, the Company did not elect to make a profit-sharing contribution.

Special rules of the Internal Revenue Service limited the amount of both participant and employer contributions that could be made annually to the Plan in order to prevent the Plan from being discriminatory.

An eligible participant could have transferred tax free to the Plan a distribution from another qualified plan provided the transfer qualified as a rollover contribution under the Internal Revenue Code.

Fiberspar Corporation 401(k) Plan

Notes to Financial Statements
March 1, 2013, December 31, 2012 and 2011

1. PLAN DESCRIPTION…continued

Participant Accounts

A separate account was maintained for each participant. Each participant's account was credited weekly with the participant's contribution, the employer matching contribution and plan earnings. Allocations were based on account balances, as defined. Each participant's account was also credited annually with the Company's profit-sharing contribution. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account balance.

Vesting

Participants were immediately vested in their contributions and employer safe harbor matching contributions plus actual earnings thereon. Any part of an eligible employee's account attributable to the Company's profit-sharing contributions and the earnings thereon vested in accordance with the following schedule:

Years of Vesting Service	Percentage Vested
Less than 1 year	0%
1 year but less than 2	33%
2 years but less than 3	66%
3 years but less than 4	100%

Investment Options

Upon enrollment in the Plan, a participant directed contributions to any of the investment options offered by the Plan, which included mutual funds, money market funds, and a common collective trust. All of the investments were participant directed.

Notes Receivable from Participants

Participants could borrow from their vested account balance an amount not to exceed the lesser of $50,000 or 50% of the vested value of the participant's account. Participants were limited to two outstanding loans at any time. Loan terms ranged up to 5 years or over a reasonable period of time for the purchase of a primary residence, as established by the plan administrator at the time of the loan. Amounts borrowed were secured by the participant's remaining account balance, and bore interest at a prime rate as specified in Wall Street Journal. Principal and interest were paid ratably through payroll deductions. These rates ranged from 3.25% to 5.00% on loans outstanding at December 31, 2012 and matured through 2018.

Payment of Benefits

A participant could elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, periodic installments, or in the form of an annuity upon termination of service due to death, disability, normal retirement, normal separation of service or determination of financial hardship, as applicable. All distributions were subject to the applicable provision of the plan agreement.

Fiberspar Corporation 401(k) Plan

Notes to Financial Statements
March 1, 2013, December 31, 2012 and 2011

1. PLAN DESCRIPTION…continued

Forfeited Accounts

At December 31, 2012 and 2011, forfeited non-vested balances were $20,216, and $1,411, respectively. Under the Plan, forfeitures were used to reduce future Company contributions. In 2012, there were $23,284 of forfeitures and $4,479 of forfeitures were used to reduce employer matching contributions. In 2013, $19,595 of forfeitures were applied to the 2012 contribution receivable that was remitted in 2013. As of March 1, 2013, $621 of forfeitures were transferred through the plan merger and there were no forfeited non-vested balances.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

As of December 31, 2011, the Plan had funds invested in the Federated Capital Preservation Fund, a common collective trust fund, which is invested in investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the Net Assets Available for Benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this common collective trust is based on the net asset value of the fund as reported by the investment advisor. The Statement of Net Assets Available for Benefits presents the fair value of the common collective trust, as well as the adjustment of the investment in the common collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America (GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Interest income was recorded when earned. Dividends were recorded on the ex-dividend date. In the statement of changes in net assets available for benefits, the Plan presents the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES…continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits were recorded when paid.

Risks and Uncertainties

The Plan invested in various investment options. Investment securities were exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it was reasonably possible that changes in the values of investment securities would occur in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Income Taxes

U.S. generally accepted accounting principles (GAAP) require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2009.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES…continued

Recent Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS,* ("ASU 2011-04"). ASU 2011-04 amended Accounting Standards Codification 820 ("ASC"), *Fair Value Measurements* ("ASC 820"), to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards ("IFRS"). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. These requirements are effective for annual periods beginning on or after December 15, 2011. The Plan adopted ASU 2011-04 during the year ended December 31, 2012 with no significant impact on the financial statements.

3. INFORMATION CERTIFIED BY PLAN'S TRUSTEES

The following is a summary of the Plan's asset information as of March 1, 2013, December 31, 2012 and 2011, and for the period ended March 1, 2013 and the year ended December 31, 2012, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company ("Fidelity") and Frontier Trust Company ("Frontier"), the trustees, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustees that information provided to the plan administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2013	2012	2011
Investments, at fair value:			
Mutual Funds	$ -	$ 8,224,465	$ 6,624,550
Money market fund	-	87,637	93
Common/collective trust fund	-	-	528,879
	$ -	$ 8,312,102	$ 7,153,522
Notes receivable from participants	$ -	$ 427,642	$ 232,695

The trustees also certified to the completeness and accuracy of $247,364 and $654,607 of net appreciation in fair value of investments, $1,407 and $193,639 of interest and dividends related to the aforementioned investments and $305 and $8,364 of interest income related to notes receivable from participants for the period ended March 1, 2013 and year ended December 31, 2012, respectively.

4. INVESTMENTS

The following table presents investments that represent 5% or more of the Plan's net assets as of March 1, 2013, December 31, 2012 and 2011:

	2013	2012	2011
Mutual Funds:			
Fidelity Advisor Freedom 2020 Fund Class A	-	$ 1,370,584	**
Fidelity Advisor Freedom 2030 Fund Class A	-	1,036,808	**
Fidelity Advisor Freedom 2040 Fund Class A	-	957,390	**
Fidelity Advisor Freedom 2025 Fund Class A	-	835,491	**
Fidelity Advisor Freedom 2035 Fund Class A	-	732,551	**
Fidelity Advisor Freedom 2045 Fund Class A	-	574,618	**
BlackRock Global Allocation Fund Inc	-	**	764,683
BlackRock Total Return Fund A	-	**	741,941
BlackRock Capital Appreciation Fund A	-	**	723,090
Virtus Multi-Sector Short Term Bond A	-	**	638,080
BlackRock S&P500 Index Fund	-	**	612,388
BlackRock Equity Dividend Fund	-	**	522,589
Common collective trust fund:			
Federated Capital Preservation Fund	-	**	528,879

** Investment option not more than 5% of Plan net assets in the applicable year.

5. FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

5. FAIR VALUE MEASUREMENTS...continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 1, 2013, December 31, 2012, and 2011.

Mutual Funds and Money Market Funds

Valued at the quoted market prices based on the net asset value ("NAV") of shares held by the plan at year end.

Common Collective Trust Funds

The fair value of the common/collective trust is estimated using NAV per unit based on the underlying investments and audited financial statements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes it valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents for each hierarchy level, the Plan's assets that are measured at fair value at December 31, 2012:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds:				
Mid/large cap stock	$ 7,207,517	$ -	$ -	$ 7,207,517
International	506,727	-	-	506,727
Fixed income	421,607	-	-	421,607
Small cap stock	88,614	-	-	88,614
Total mutual funds	8,224,465	-	-	8,224,465
Money market fund	87,637	-	-	87,637
	$ 8,312,102	$ -	$ -	$ 8,312,102

5. FAIR VALUE MEASUREMENTS...continued

The following table presents for each hierarchy level, the Plan's assets that are measured at fair value at December 31, 2011:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds:				
Large	$ 2,700,624	$ -	$ -	$ 2,700,624
International	1,727,603	-	-	1,727,603
Bond	1,380,021	-	-	1,380,021
Small/Medium	701,817	-	-	701,817
Technology	114,485	-	-	114,485
Total mutual funds	6,624,550	-	-	6,624,550
Money market fund	93	-	-	93
Common collective trust fund	-	528,879	-	528,879
	$ 6,624,643	$ 528,879	$ -	$ 7,153,522

The following tables set forth additional disclosures of Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2011.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust fund:				
Federated Capital Preservation Fund (a)	$ 528,879	$ -	Daily (b)	N/A (b)
	$ 528,879	$ -		

(a) The objective of the common/collective trust is to provide preservation of principal, maintain a stable interest rate, and provide daily liquidity at fair value for participant withdrawals and transfers.

(b) In general, the common/collective trust will permit withdrawals on a daily basis for withdrawals that satisfy benefit payments to individual participants or their beneficiaries. Withdrawals that affect the partial or complete withdrawal of the Plan from the common/collective trust may be delayed by the common/collective trust at its sole discretion for up to twelve months from the date written notice is received by the common/collective trust.

6. PARTY IN INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company, the Plan's trustee, and therefore, these transactions qualify as party-in-interest. The Plan issued loans to participants, which were secured by the balances in the participant's accounts, which also constituted party-in-interest transactions.

7. TAX STATUS

The Plan, through its adoption of a prototype plan, obtained an opinion letter dated March 31, 2008, from the Internal Revenue Service, stating that the prototype plan was qualified under section 401(a) of the Internal Revenue Code ("IRC") and that any employer adopting this prototype plan would be considered to have a plan qualified under section 401(a) of the IRC. The Plan was been amended since receiving the opinion letter. However, the plan administrator believes the Plan is designed and was being operated in compliance with the applicable requirements of the IRC.

8. PLAN MERGER

On January 29, 2013, Fiberspar Corporation and National Oilwell Varco, L.P. agreed to merge the Plan into National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan. The merger was effective March 1, 2013 ("Effective Date"), and all plan assets were transferred to National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan by March 1, 2013.

The Plan Administrator sent notice to all participants about the transfer of plan assets to the Fiberspar Corporation 401k Plan on January 24, 2013. Net assets of $8,475,816 were transferred from the Plan to the National Oilwell Varco, Inc. 401(k) Retirement and Savings Plan on March 1, 2013.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at March 1, 2013, December 31, 2012 and 2011 to the Form 5500:

	2013	2012	2011
Net assets available for benefits per the financial statements	$ -	$ 8,921,299	$ 7,811,088
Less adjustment from fair value to contract value for interest in common collective trust relating to fully benefit- responsive investment contracts	-	-	11,251
Employer contribution receivable	-	-	(427,640)
Net assets available for benefits per the Form 5500	$ -	$ 8,921,299	$ 7,394,699

The following is a reconciliation of net increase (decrease) per the financial statements to the Form 5500 for the period ended March 1, 2013 and the year ended December 31, 2012:

	2013	2012
Net increase (decrease) in net assets available for benefits per the financial statements	$ (8,921,299)	$ 1,110,211
Employer contribution receivable	-	427,640
Employer contribution receivable	-	(11,251)
Net increase (decrease) per the Form 5500	$ (8,921,299)	$ 1,526,600

10. SUBSEQUENT EVENTS

The plan administrator evaluated subsequent events and transactions for potential recognition and disclosure through December 13, 2013, when the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Fiberspar Corporation 401(k) Plan

Employer Identification Number 04-3128069
Plan Number 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2012

Participant Contributions Transferred Late to Plan			Total that Constitute Nonexempt Prohibited Transactions				
			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
$ 48,689	1/20/2012	2/23/2012	X	$ 48,689	$ -	$ -	$ -
14,619	1/27/2012	3/2/2012	X	14,619	-	-	-
45,469	2/17/2012	3/28/2012	X	45,469	-	-	-
14,407	2/24/2012	3/28/2012	X	14,407	-	-	-
44,329	3/30/2012	5/10/2012	X	44,329	-	-	-
$ 167,513				$ 167,513	$ -	$ -	$ -

Fiberspar Corporation 401(k) Plan

Employer Identification Number 04-3128069
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Original Cost	(e) Current Value
*	Fidelity Advisor Freedom 2020 Fund Class A	Registered investment company	**	$ 1,370,584
*	Fidelity Advisor Freedom 2030 Fund Class A	Registered investment company	**	1,036,808
*	Fidelity Advisor Freedom 2040 Fund Class A	Registered investment company	**	957,390
*	Fidelity Advisor Freedom 2025 Fund Class A	Registered investment company	**	835,491
*	Fidelity Advisor Freedom 2035 Fund Class A	Registered investment company	**	732,551
*	Fidelity Advisor Freedom 2045 Fund Class A	Registered investment company	**	574,618
*	Fidelity Advisor Freedom 2015 Fund Class A	Registered investment company	**	416,995
*	Fidelity Advisor Freedom 2050 Fund Class A	Registered investment company	**	383,929
	Lord Abbett Short Duration Income Fund Class A	Registered investment company	**	276,767
	BlackRock Global Allocation Fund Investor A Shares	Registered investment company	**	273,218
*	Fidelity Advisor Freedom 2010 Fund Class A	Registered investment company	**	222,843
	BlackRock Equity Dividend Fund Investor A Shares	Registered investment company	**	161,499
	BlackRock Capital Appreciation Fund Investor A Shares	Registered investment company	**	137,848
	Prudential Total Return Bond Fund Class A	Registered investment company	**	128,583
	MFS International Diversification Fund Class R3	Registered investment company	**	119,881
*	Fidelity Advisor Freedom 2055 Fund Class A	Registered investment company	**	92,597
	Columbia Mid Cap Index Fund Class A	Registered investment company	**	90,294
	Alliance Bernstein Large Cap Growth Fund Class A	Registered investment company	**	88,067
	Prime Fund - Daily Money Class	Registered investment company	**	87,637
	Columbia Small Cap Index Fund Class A	Registered investment company	**	67,719
	Wells Fargo Advantage Precious Metals Fund Class A	Registered investment company	**	65,893
	BlackRock Global Opportunities Portfolio Investor A Shares	Registered investment company	**	52,015
	MFS International Value Fund Class R3	Registered investment company	**	44,487
	BlackRock Value Opportunities Fund Investor A Shares	Registered investment company	**	20,895
	BlackRock Energy & Resources Portfolio Investor A Shares	Registered investment company	**	15,716
*	Fidelity Advisor Real Estate Income Fund Class A	Registered investment company	**	14,823
	MFS Massachusetts Investors Trust Class R3	Registered investment company	**	12,823
*	Fidelity Advisor Freedom Income Fund Class A	Registered investment company	**	12,235
	BlackRock S&P 500 Index Fund Investor A Shares	Registered investment company	**	5,621
	Eaton Vance Atlanta Capital SMID-Cap Fund Class A	Registered investment company	**	4,715
*	Fidelity Advisor Freedom 2005 Fund Class A	Registered investment company	**	4,023
	Janus Balanced Fund Class S	Registered investment company	**	2,128
	MFS Emerging Markets Equity Fund Class R3	Registered investment company	**	1,409
*	Participant Loans	Notes to participants with interest rates ranging from 3.25% - 5.00%, maturing through 2018	-	427,642
				$ 8,739,744

* Indicates party-in-interest.
** Cost information is not presented because the investments are participant directed.