

1.) CORPORATION NAME:

HALLIBURTON ENERGY SERVICES, INC.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0171175**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN: CORPORATE LICENSING
2107 CITYWEST BLVD_BLDG 2

CITY/ST/ZIP: HOUSTON, TX 77042

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOSEPH F ANDOLINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2107 CITYWEST BOULEVARD		
CITY/ST/ZIP/CO:	BLDG 2 HOUSTON, TX 77042		
NAME:	ALBERT O CORNELISON, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3000 N SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		
NAME:	MARK A MCCOLLUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3000 N SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		
NAME:	LAWRENCE J POPE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3000 N SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		
NAME:	TIMOTHY A PROBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3000 N SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		
NAME:	CHRISTIAN A GARCIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3000 N SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE A METZINGER SECRETARY 2107 CITYWEST BLVD BLDG 2 HOUSTON, TX 77042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W DAN MYERS ASST SECRETARY 2107 CITYWEST BOULEVARD BLDG 2 HOUSTON, TX 77042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ W DANMYERS	W DANMYERS,	9/6/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			