

1.) CORPORATION NAME:

**SUN OILFIELD CONSTRUCTION, INC. (USED IN VA  
BY: SUNLAND CONSTRUCTION, INC.)**

DUE DATE: **3/31/2013**

SCC ID NO: **F0608986**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**LA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2532 AYMOND ST  
PO BOX 1087

CITY/ST/ZIP: EUNICE, LA 70535

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: CRAIG MEIER TITLE: PRESIDENT ADDRESS: 206 WESTFIELD CITY/ST/ZIP/CO: LAFAYETTE, LA 70503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD SEAN RENFRO TITLE: VICE PRESIDENT ADDRESS: 254 RUE DAUPHINE CITY/ST/ZIP/CO: EUNICE, LA 70535	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL BROWN TITLE: SECRETARY ADDRESS: 1000 NORTH 8TH ST CITY/ST/ZIP/CO: EUNICE, LA 70535	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRAN FONTENOT TITLE: ASST SECRETARY ADDRESS: 183 ALEE RD CITY/ST/ZIP/CO: EUNICE, LA 70535	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK GANDY TITLE: TREASURER ADDRESS: 120 WATERVIEW ROAD #207 CITY/ST/ZIP/CO: YOUNGSVILLE, LA 70592	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK W O'ROKE TITLE: CHAIRMAN ADDRESS: 427 RUE NORMANDIE ROAD CITY/ST/ZIP/CO: EUNICE, LA 70535	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WINSTON JOHNSON DIRECTOR 5451 SUPERSTITION DR LAS CRUES, NM 88011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LOUSTEAU DIRECTOR 136 W RUELLE DR MANDEVILLE, LA 70471	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCCULLOCH DIRECTOR 19107 FOXTREE LN HOUSTON, TX 77094	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E SOILEAU DIRECTOR 110 RUE NORMANDIE ROAD EUNICE, LA 70535	<input type="checkbox"/> OFFICER	<input checked="" 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/ CRAIG MEIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG MEIER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/20/2013 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.			