

1.) CORPORATION NAME:

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

DUE DATE: **3/31/2015**

SCC ID NO: **F0608986**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

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|---|---|--|
| <p>NAME: CRAIG MEIER<br/>TITLE: PRESIDENT<br/>ADDRESS: 206 WESTFIELD<br/>CITY/ST/ZIP/CO: LAFAYETTE, LA 70503</p>              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: RICHARD SEAN RENFRO<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 254 RUE DAUPHINE<br/>CITY/ST/ZIP/CO: EUNICE, LA 70535</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: MICHAEL BROWN<br/>TITLE: TREASURER<br/>ADDRESS: 161 BEARING DR.<br/>CITY/ST/ZIP/CO: EUNICE, LA 70535</p>             | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: MICHAEL BROWN<br/>TITLE: ASST TREASURER<br/>ADDRESS: 161 BEARING DR<br/>CITY/ST/ZIP/CO: EUNICE, LA 70535</p>         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: FRAN FONTENOT<br/>TITLE: ASST SECRETARY<br/>ADDRESS: 183 ALEE RD<br/>CITY/ST/ZIP/CO: EUNICE, LA 70535</p>            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: DANIEL SCHWARZENBACH<br/>TITLE: SECRETARY<br/>ADDRESS: 103 PHILLIP AVE<br/>CITY/ST/ZIP/CO: LAFAYETTE, LA 70503</p>   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MARK W O'ROKE<br>CHAIRMAN<br>427 RUE NORMANDIE ROAD<br>EUNICE, LA 70535    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | WINSTON JOHNSON<br>DIRECTOR<br>5451 SUPERSTITION DR<br>LAS CRUES, NM 88011 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JAMES LOUSTEAU<br>DIRECTOR<br>136 W RUELLE DR<br>MANDEVILLE, LA 70471      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JAMES MCCULLOCH<br>DIRECTOR<br>19107 FOXTREE LN<br>HOUSTON, TX 77094       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JOHN E SOILEAU<br>DIRECTOR<br>110 RUE NORMANDIE ROAD<br>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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | CRAIG MEIER, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                 | 1/22/2015<br>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. |  |                                  |  |