

1.) CORPORATION NAME:

THORPE-SUNBELT, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1459876**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6833 KIRBYVILLE

CITY/ST/ZIP: HOUSTON, TX 77033

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.

<p>NAME: H N NOTO TITLE: VICE PRESIDENT ADDRESS: 1517 EDWARDS AVE CITY/ST/ZIP/CO: GONZALES, LA 70737</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SHERRI W. FRUGE' TITLE: TREASURER ADDRESS: 6833 KIRBYVILLE CITY/ST/ZIP/CO: HOUSTON, TX 77033</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: J C SCHULTZ TITLE: PRESIDENT ADDRESS: 6833 KIRBYVILLE CITY/ST/ZIP/CO: HOUSTON, TX 77033</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J. G. Beetz TITLE: SECRETARY ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: M. T. Knight TITLE: VICE PRESIDENT ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: R. R. Snell TITLE: VICE PRESIDENT ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: T. D. Burns TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: G. B. Kelly TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R. T. Caughlin TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R. A. Nowland TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W. V. Larkin TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W. J. Moran TITLE: DIRECTOR ADDRESS: 6833 Kirbyville CITY/ST/ZIP/CO: Houston, TX 77033	<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/ J C SCHULTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J C SCHULTZ, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/25/2014 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.		