

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

Trafford Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1495946**

**NATIONAL REGISTERED AGENTS, INC.
4001 NORTH NINTH STREET, SUITE 227
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000
COMNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 550 FIFTH ST EXTENSION

CITY/ST/ZIP: TRAFFORD, PA 15085

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: LEE ROBBINS TITLE: PRESIDENT ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD C WEYER TITLE: EXECUTIVE VP ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LORI PINDER TITLE: SECRETARY ADDRESS: 4400 POST OAK PARKWAY STE 1000 CITY/ST/ZIP/CO: HOUSTON, TX 77027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES L GIBSON TITLE: DIRECTOR ADDRESS: 4400 POST OAK PARKWAY STE 1000 CITY/ST/ZIP/CO: HOUSTON, TX 77027</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD W RUSSLER TITLE: TREASURER ADDRESS: 4400 POST OAK PKWY STE 1000 CITY/ST/ZIP/CO: HOUSTON, TX 77027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MALCOLM NIVEN TITLE: VICE PRESIDENT ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LEE ROBBINS TITLE: DIRECTOR ADDRESS: 550 FIFTH EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MALCOLM NIVEN TITLE: DIRECTOR ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE HAGERMAN TITLE: VICE PRESIDENT ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085	<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/ LORI PINDER	LORI PINDER, SECRETARY	1/17/2013
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.		