

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

**Trafford Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1495946**

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000
COMNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO 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.

	<input checked="" type="checkbox"/> OFFICER	<input 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
NAME:	MALCOLM NIVEN	
TITLE:	VICE PRESIDENT	
ADDRESS:	115 WEST 7TH STREET	
CITY/ST/ZIP/CO:	STE 1410 FORT WORTH, TX 76102	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD W RUSSLER	
TITLE:	TREASURER	
ADDRESS:	4400 POST OAK PKWY	
CITY/ST/ZIP/CO:	STE 1000 HOUSTON, TX 77027	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI PINDER	
TITLE:	SECRETARY	
ADDRESS:	4400 POST OAK PARKWAY	
CITY/ST/ZIP/CO:	STE 1000 HOUSTON, TX 77027	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES L GIBSON	
TITLE:	DIRECTOR	
ADDRESS:	4400 POST OAK PARKWAY	
CITY/ST/ZIP/CO:	STE 1000 HOUSTON, TX 77027	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MALCOLM NIVEN	
TITLE:	DIRECTOR	
ADDRESS:	115 WEST 7TH STREET	
CITY/ST/ZIP/CO:	STE 1410 FORT WORTH, TX 76102	

NAME:	RICHARD CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 FIFTH STREET EXTENSION		
CITY/ST/ZIP/CO:	TRAFFORD, PA 15085		

NAME:	JOHNNY PRIEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	115 WEST 7TH STREET		
CITY/ST/ZIP/CO:	STE 1410 FORT WORTH, TX 76102		

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.

<u>/s/ LORI PINDER</u>	<u>LORI PINDER, SECRETARY</u>	<u>12/30/2013</u>
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.