

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.

<p>NAME: JOHNNY PRIEST TITLE: PRESIDENT ADDRESS: 115 WEST 7TH STREET STE 1410 CITY/ST/ZIP/CO: FORT WORTH, TX 76102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEVE HAGERMAN 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
<p>NAME: MALCOLM NIVEN TITLE: VICE PRESIDENT ADDRESS: 115 WEST 7TH STREET STE 1410 CITY/ST/ZIP/CO: FORT WORTH, TX 76102</p>	<input checked="" type="checkbox"/> OFFICER <input 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: 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: RICHARD CAMPBELL TITLE: DIRECTOR ADDRESS: 550 FIFTH STREET EXTENSION CITY/ST/ZIP/CO: TRAFFORD, PA 15085</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

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

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

/s/ LORI PINDER	LORI PINDER, SECRETARY	1/10/2014
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.