

1.) CORPORATION NAME:

**TP Logistics, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1588591**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14528 S OUTER 40 ROAD SUITE 210

CITY/ST/ZIP: CHESTERFIELD, MO 63017

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN T BICKEL	
TITLE:	DIRECTOR	
ADDRESS:	14528 SOUTH OUTER 40 ROAD SUITE 120	
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS J CROWELL	
TITLE:	PRESIDENT	
ADDRESS:	14528 S OUTER 40 ROAD SUITE 120	
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN H DOWELL	
TITLE:	DIRECTOR	
ADDRESS:	14528 SOUTH OUTER 40 RD SUIE	
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL H LEGEAR	
TITLE:	DIRECTOR	
ADDRESS:	14528 SOUTH OUTER 40 ROAD SUITE 120	
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Robert J. Boyich	
TITLE:	SECRETARY	
ADDRESS:	14528 S. Outer 40 Road Suite 210	
CITY/ST/ZIP/CO:	Chesterfield, MO 63017	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Larry M. Foltz	
TITLE:	VICE PRESIDENT	
ADDRESS:	14528 S. Outer 40 Road Suite 210	
CITY/ST/ZIP/CO:	Chesterfield, MO 63017	

NAME:	Harold B. Wallis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14528 S. Outer 40 Road		
	Suite 210		
CITY/ST/ZIP/CO:	Chesterfield, MO 63017		

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/ DOUGLAS J CROWELL</u>	<u>DOUGLAS J CROWELL,</u>	<u>4/25/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.