

1.) CORPORATION NAME:

TP Logistics, Inc.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1588591**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

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.

NAME:	DOUGLAS J CROWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14528 S OUTER 40 ROAD SUITE 120		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017		
NAME:	LARRY M. FOLTZ	<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		
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		
NAME:	ROBERT J. BOYICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	14528 S. OUTER 40 ROAD SUITE 210		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017		
NAME:	JOHN T BICKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14528 SOUTH OUTER 40 ROAD SUITE 120		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017		
NAME:	JOHN H DOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14528 SOUTH OUTER 40 RD SUITE		
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017		

NAME: DANIEL H LEGEAR OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 14528 SOUTH OUTER 40 ROAD SUITE 120
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>7/14/2015</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.