

1.) CORPORATION NAME:

**Deep South Surplus, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1798463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**LA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 TEXAS ST STE 725

CITY/ST/ZIP: SHREVEPORT, LA 71101

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: CRAIG A TAPPEL		
TITLE: ASST VP		
ADDRESS: 333 TEXAS ST STE 725		
CITY/ST/ZIP/CO: SHREVEPORT, LA 71101		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER MALONEY		
TITLE: ASST SECRETARY		
ADDRESS: WALL STREET PLAZA		
88 PINE ST		
CITY/ST/ZIP/CO: NEW YORK, NY 10005		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA A RYAN		
TITLE: SECRETARY		
ADDRESS: 7701 LAS COLINAS RIDGE		
STE 600		
CITY/ST/ZIP/CO: IRVING, TX 75063		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jeff Hockersmith		
TITLE: TREASURER		
ADDRESS: 7701 Las Colinas Ridge		
Suite 600		
CITY/ST/ZIP/CO: Irving, TX 75063		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Stephen LoRusso		
TITLE: Assistant VP		
ADDRESS: 1200 Abemathy Road, NE		
Suite 450, Building 600		
CITY/ST/ZIP/CO: Atlanta, GA 30328		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Brad Shofran		
TITLE: VICE PRESIDENT		
ADDRESS: 7701 Las Colinas Ridge		
Suite 600		
CITY/ST/ZIP/CO: Irving, TX 75063		

NAME:	Wendall Stocker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Wall Street Plaza		
CITY/ST/ZIP/CO:	88 Pine Street New York, NY 10005		

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/ PATRICIA A RYAN	PATRICIA A RYAN, SECRETARY	8/1/2012
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.