

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214507614

1.) CORPORATION NAME:

**Loadstar, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1851312**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9830 COLONNADE BLVD.  
SUITE 600

CITY/ST/ZIP: SAN ANTONIO, TX 78230-2239

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 checked="" type="checkbox"/> DIRECTOR
NAME:	LEONARD J O'DONNELL	
TITLE:	PRESIDENT	
ADDRESS:	9830 COLONNADE BLVD. SUITE 600	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICK A IRWIN	
TITLE:	TREASURER	
ADDRESS:	9830 COLONNADE BLVD. SUITE 600	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STANLEY R ALTERMAN	
TITLE:	EX MNG DIR	
ADDRESS:	9830 COLONNADE BLVD. SUITE 600	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN L AMES	
TITLE:	MNG DIRECTOR	
ADDRESS:	9830 COLONNADE BLVD. SUITE 600	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID J BUCK	
TITLE:	EX MNG DIR	
ADDRESS:	9830 COLONNADE BLVD. SUITE 600	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE S CHILDS MNG DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONI M FISHER ASST SECRETARY 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES K HARDIN ASST SECRETARY 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLEN E MITTS EX MNG DIR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE C PETERSEN EX MNG DIR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN POST MNG DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN T WALLACE EX MNG DIR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENNAL WALRAVEN MNG DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A WATERS SECRETARY 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAILEY GHALIB MNG DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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/ STEVEN A WATERS</u>	<u>STEVEN A WATERS, SECRETARY</u>	<u>2/7/2014</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.