

1.) CORPORATION NAME:

DUE DATE: **4/30/2016**

MERCY SHIPS

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1857335**

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15862 HWY 110 N.
PO BOX 2020

CITY/ST/ZIP: LINDALE, TX 75771

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:	PETER B. SCHULZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17731 HIGHWAY 110 N.		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		
NAME:	DON STEPHENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	17483 CR 4174 W		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		
NAME:	MICHAEL ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3805 OLD BULLARD RD.		
CITY/ST/ZIP/CO:	TYLER, TX 75701		
NAME:	GARY BRANDENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9330 N CENTRAL EXPRESSWAY		
CITY/ST/ZIP/CO:	DALLAS, TX 75231		
NAME:	RONALD L. GOODE, PHD.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3701 CRAIGMONT AVE.		
CITY/ST/ZIP/CO:	DALLAS, TX 75205		
NAME:	WILLIAM S. KANGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5 TIMES SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME: AC MUSGRAVE TITLE: DIRECTOR ADDRESS: 2929 STOREY LANE CITY/ST/ZIP/CO: DALLAS, TX 75220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LELAND PARIS TITLE: DIRECTOR ADDRESS: P.O. BOX 4600 CITY/ST/ZIP/CO: TYLER, TX 75712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WALDROP TITLE: DIRECTOR ADDRESS: 3096 CR 4923 CITY/ST/ZIP/CO: BEN WHEELER, TX 75754	<input type="checkbox"/> OFFICER	<input checked="" 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.		
/s/ PETER B. SCHULZE	PETER B. SCHULZE, TREASURER	3/3/2016
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.		