

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212532346

1.) CORPORATION NAME:

**Gray Wireline Service, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES INC  
10 S JEFFERSON ST STE 1400  
ROANOKE, VA 24011**

SCC ID NO: **F1869546**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6000 Western Place  
Suite 375

CITY/ST/ZIP: Fort Worth, TX 76107

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:           | MARK HARRIS                                |                                     |         |                          |          |
| TITLE:          | PRESIDENT                                  |                                     |         |                          |          |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77064                          |                                     |         |                          |          |

|                 |  |                                     |         |                                     |          |
|-----------------|--|-------------------------------------|---------|-------------------------------------|----------|
|                 |  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | MAX BOUTHILLETTE                           |                                     |         |                                     |          |
| TITLE:          | SECRETARY                                  |                                     |         |                                     |          |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77064                          |                                     |         |                                     |          |

|                 |  |                                     |         |                          |          |
|-----------------|--|-------------------------------------|---------|--------------------------|----------|
|                 |  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | NEIL MILLS                                 |                                     |         |                          |          |
| TITLE:          | TREASURER                                  |                                     |         |                          |          |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: | Houston, TX 77064                          |                                     |         |                          |          |

|                 |  |                                     |         |                          |          |
|-----------------|--|-------------------------------------|---------|--------------------------|----------|
|                 |  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | DAVID CHAPPLE                              |                                     |         |                          |          |
| TITLE:          | VICE PRESIDENT                             |                                     |         |                          |          |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: | Houston, TX 77064                          |                                     |         |                          |          |

|                 |  |                                     |         |                          |          |
|-----------------|--|-------------------------------------|---------|--------------------------|----------|
|                 |  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | RICK WILSON                                |                                     |         |                          |          |
| TITLE:          | VICE PRESIDENT                             |                                     |         |                          |          |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: | Houston, TX 77064                          |                                     |         |                          |          |

|                 |  |                                  |  |
|-----------------|--|----------------------------------|--|
| NAME:           | OLIVIER MULLER                             | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                                   |                                  |  |
| ADDRESS:        | 10613 W. Sam Houston Pkwy. N.<br>Suite 600 |                                  |  |
| CITY/ST/ZIP/CO: | Houston, TX 77064                          |                                  |  |

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/ NEIL MILLS                                      | NEIL MILLS, TREASURER            | 8/24/2012 |
| 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.