

1.) CORPORATION NAME: TRS Craft Services, Inc.	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 16TH FL 1111 E MAIN ST RICHMOND, VA	SCC ID NO: F1954389				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: DE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: 6700 LAS COLINAS BLVD	
CITY/ST/ZIP: IRVING, TX 75039	

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: G. W. FLOWERS		
TITLE: PRESIDENT		
ADDRESS: 6700 LAS COLINAS BLVD		
CITY/ST/ZIP/CO: IRVING, TX 75039		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C. M. HERNANDEZ		
TITLE: SECRETARY		
ADDRESS: 6700 LAS COLINAS BLVD		
CITY/ST/ZIP/CO: IRVING, TX 75039		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: E. P. HELM		
TITLE: ASST SECRE		
ADDRESS: 6700 LAS COLINAS BLVD		
CITY/ST/ZIP/CO: IRVING, TX 75039		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEN KEYES		
TITLE: ASST TREA		
ADDRESS: 6700 LAS COLINAS BLVD		
CITY/ST/ZIP/CO: IRVING, TX 75039		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J. M. LUCAS		
TITLE: TREA		
ADDRESS: 6700 LAS COLINAS BLVD		
CITY/ST/ZIP/CO: IRVING, TX 75039		

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/ C. M. HERNANDEZ	C. M. HERNANDEZ, SECRETARY	1/5/2016
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.