

Fill in this information to identify the case:

United States Bankruptcy Court for the:
SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Trans World Services, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 7 6 - 0 3 5 2 5 1 7

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
------------------------------------	---

11500 South Main Street
 Number Street
Suite 100

Number Street
 P.O. Box

Houston TX 77025
 City State ZIP Code

City State ZIP Code

Harris
 County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

Debtor Trans World Services, Inc. Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No
- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor Trans World Services, Inc. Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor Trans World Services, Inc. Case number (if known) _____

- | | | | |
|--|---|--|--|
| 14. Estimated number of creditors | <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| | <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| | <input type="checkbox"/> 200-999 | | |
| 15. Estimated assets | <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
| 16. Estimated liabilities | <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/22/2018
MM / DD / YYYY

X /s/ Mohammad H. Semana Mohammad H. Semana
Signature of authorized representative of debtor Printed name

Title President

18. Signature of attorney **X /s/ Nelson M. Jones III** Date 05/22/2018
Signature of attorney for debtor MM / DD / YYYY

Nelson M. Jones III
Printed name

LAW OFFICE OF NELSON M. JONES III
Firm name

440 Louisiana
Number Street

Suite 1575

Houston **TX** **77002**
City State ZIP Code

(713) 236-8736 **Njoneslawfirm@aol.com**
Contact phone Email address

10973400 _____
Bar number State

Fill in this information to identify the case:

Debtor name Trans World Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

<p>2.1 Creditor's name <u>JPMorgan Chase, N.A.</u></p> <p>Creditor's mailing address <u>PO Box 29550, AZ1-1025</u></p> <p><u>Phoenix</u> <u>AZ</u> <u>85038</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <u>Business Inventory</u></p> <p>Describe the lien <u>Security</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$400,000.00</u></p>	<p><u>\$400,000.00</u></p>
---	--	----------------------------	----------------------------

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$400,000.00

Fill in this information to identify the case:

Debtor Trans World Services, Inc.
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	\$74,595.00	\$74,595.00

Internal Revenue Service
P.O. Box 7346

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Philadelphia PA 19101-7346

Basis for the claim:
Payroll Taxes

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

Debtor Trans World Services, Inc. Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,980.12</u>
	<u>American Express</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 650448</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Dallas TX 75265-0448</u>	Basis for the claim: <u>Credit Card</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>1 0 0 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,800.24</u>
	<u>American Express</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 650448</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Dallas TX 75265-0448</u>	Basis for the claim: <u>Credit Card</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>8 0 0 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$150.00</u>
	<u>Bayside Heating & Air Conditioning</u>	<input type="checkbox"/> Contingent	
	<u>7583 Plymouth Way</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Rancho Cucamonga CA 91730</u>	Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>— — — —</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,705.50</u>
	<u>Clear Freight, Inc</u>	<input type="checkbox"/> Contingent	
	<u>1067 Sneath Ln</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Bruno CA 94066</u>	Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>— — — —</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Trans World Services, Inc. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$616,591.36</u>
	<u>Delfa and Co.</u>	<input type="checkbox"/> Contingent	
	<u>803 King George's Ave</u>	<input type="checkbox"/> Unliquidated	
	<u>#02-158</u>	<input type="checkbox"/> Disputed	
	<u>Singapore 200803</u>	Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$88,130.59</u>
	<u>Denso Products & Services Amer. inc.</u>	<input type="checkbox"/> Contingent	
	<u>c/o Jon D. Totz</u>	<input type="checkbox"/> Unliquidated	
	<u>2211 Norfolk, Suite 510</u>	<input type="checkbox"/> Disputed	
	<u>Houston TX 77098</u>	Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,425.89</u>
	<u>DSV Air & Sea INC</u>	<input type="checkbox"/> Contingent	
	<u>c/o Jon D. Totz</u>	<input type="checkbox"/> Unliquidated	
	<u>2211 Norfolk, Suite 510</u>	<input type="checkbox"/> Disputed	
	<u>Houston TX 77098</u>	Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$554.20</u>
	<u>Frontier-California</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 740407</u>	<input type="checkbox"/> Unliquidated	
	<u>Cincinnati OH 45274</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	Basis for the claim: <u>Unsecured Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Trans World Services, Inc. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$36,440.47
	GPS-FL	<input type="checkbox"/> Contingent	
	2910 NW 72nd Ave	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Miami FL 33122	Basis for the claim: Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15,000.00
	Hyundai Motor America, inc.	<input type="checkbox"/> Contingent	
	c/o Pillsbury, Winthrop, Shaw & Pittman	<input type="checkbox"/> Unliquidated	
	Four Embarcadero Cnt, 22nd Flr	<input type="checkbox"/> Disputed	
	San Fransisco CA 94111	Basis for the claim: Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$876.04
	Rubicon Global, LLC	<input type="checkbox"/> Contingent	
	950 East Paces Ferry Road	<input type="checkbox"/> Unliquidated	
	Suite 1900	<input type="checkbox"/> Disputed	
	Atlanta GA 30326	Basis for the claim: Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,972,742.01
	Star International	<input type="checkbox"/> Contingent	
	1-2/F 697 Nathan Road	<input type="checkbox"/> Unliquidated	
	Kowloon Hongkong	<input type="checkbox"/> Disputed	
		Basis for the claim: Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Trans World Services, Inc. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$38,444.69</u>
	<u>Techno Parts</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 4837</u>	<input type="checkbox"/> Unliquidated	
	<u>Deiba, Bubai</u>	<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,317.00</u>
	<u>The Hartford</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 660916</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Unsecured Debt</u>	
	<u>Dallas TX 75266</u>	Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$30,118.55</u>
	<u>Tire & Wheel Master</u>	<input type="checkbox"/> Contingent	
	<u>2816 W. Winton Ave</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Unsecured Debt</u>	
	<u>Hayward CA 94545</u>	Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	

3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$676.87</u>
	<u>TXU Energy</u>	<input type="checkbox"/> Contingent	
	<u>Po Box 650638</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Unsecured Debt</u>	
	<u>Dallas TX 75265</u>	Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	

Debtor Trans World Services, Inc. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15,188.00
	Weitron, Inc.	<input type="checkbox"/> Contingent	
	801 Pencader	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	Newark DE 19702	Unsecured Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Trans World Services, Inc. Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	<u>\$74,595.00</u>
5b. Total claims from Part 2	5b. +	<u>\$2,852,141.53</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 2px solid black; padding: 2px;"><u>\$2,926,736.53</u></div>

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

In re **Trans World Services, Inc.**

Case No. _____

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	Fixed Fee: <u> \$7,500.00 </u>
Prior to the filing of this statement I have received.....	<u> \$7,500.00 </u>
Balance Due.....	<u> \$0.00 </u>

2. The source of the compensation paid to me was:

- Debtor
- Other (specify)

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/22/2018

Date

/s/ Nelson M. Jones III

Nelson M. Jones III

LAW OFFICE OF NELSON M. JONES III

440 Louisiana

Suite 1575

Houston, Texas 77002

Phone: (713) 236-8736 / Fax: (713) 236-8990

Bar No. 10973400

/s/ Mohammad H. Semana

Mohammad H. Semana

President

Fill in this information to identify the case:

Debtor name Trans World Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Star International 1-2/F 697 Nathan Road Kowloon Hongkong		Unsecured Debt				\$1,972,742.01
2	Delfa and Co. 803 King George's Ave #02-158 Singapore 200803		Unsecured Debt				\$616,591.36
3	Denso Products & Services Amer. inc. c/o Jon D. Totz 2211 Norfolk, Suite 510 Houston, Texas 77098		Unsecured Debt				\$88,130.59
4	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Payroll Taxes				\$74,595.00
5	Techno Parts PO Box 4837 Deiba, Bubai		Unsecured Debt				\$38,444.69

Debtor Trans World Services, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	GPS-FL 2910 NW 72nd Ave Miami, FL 33122		Unsecured Debt				\$36,440.47
7	Tire & Wheel Master 2816 W. Winton Ave Hayward, CA 94545		Unsecured Debt				\$30,118.55
8	Weitron, Inc. 801 Pencader Newark, DE 19702		Unsecured Debt				\$15,188.00
9	Hyundai Motor America, inc. c/o Pillsbury, Winthrop, Shaw & Pittman Four Embarcadero Cnt, 22nd Flr		Unsecured Debt				\$15,000.00
10	American Express PO Box 650448 Dallas, Texas 75265-0448		Credit Card				\$8,980.12
11	American Express PO Box 650448 Dallas, Texas 75265-0448		Credit Card				\$8,800.24
12	Clear Freight, Inc 1067 Sneath Ln Bruno, CA 94066		Unsecured Debt				\$6,705.50
13	DSV Air & Sea INC c/o Jon D. Totz 2211 Norfolk, Suite 510 Houston, Texas 77098		Unsecured Debt				\$6,425.89

Debtor Trans World Services, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	The Hartford PO Box 660916 Dallas, Texas 75266		Unsecured Debt				\$6,317.00
15	Rubicon Global, LLC 950 East Paces Ferry Road Suite 1900 Atlanta, GA 30326		Unsecured Debt				\$876.04
16	TXU Energy Po Box 650638 Dallas, Texas 75265		Unsecured Debt				\$676.87
17	Frontier-California PO Box 740407 Cincinnati, OH 45274		Unsecured Debt				\$554.20
18	Bayside Heating & Air Conditioning 7583 Plymouth Way Rancho Cucamonga, CA 91730		Unsecured Debt				\$150.00