



05-163  
(Rev. 9-10/4)

# TEXAS FRANCHISE TAX NO TAX DUE INFORMATION REPORT

**Tcode 13255 Annual**

Taxpayer number	Report year	Due date	Privilege period covered by this report
3 0 1 1 8 4 5 8 9 4 9	2 0 1 1	05/16/2011	01/01/2011 — 12/31/2011

Taxpayer name <b>ARAMCO BRATS, INC.</b>						Secretary of State file number or Comptroller file number <b>0139197301</b>						
Mailing address [REDACTED]												
City [REDACTED]			State [REDACTED]		Country [REDACTED]		ZIP Code [REDACTED]		Plus 4		Blacken circle if the address has changed <input type="checkbox"/>	
Blacken circle if this is a combined report <input type="checkbox"/>						SIC code 8 6 4 1			NAICS code 8 1 3 4 1 0			
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. <input type="checkbox"/>												
Blacken circle if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>						Blacken circle if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>						

**If any of the statements below are true, you qualify to file this No Tax Due Information Report:  
(Blacken all circles that apply)**

1. **This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code.** (See instructions) 1.   
*(Passive income does NOT include rent)*
2. **This entity's annualized total revenue is below the no tax due threshold.** (See instructions) 2.
3. **This entity has zero Texas Gross Receipts.** 3.
4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4).** 4.

5a. Accounting year begin date

m	m	d	d	y	y
0	1	0	1	1	0

5b. Accounting year end date

m	m	d	d	y	y
1	2	3	1	1	0

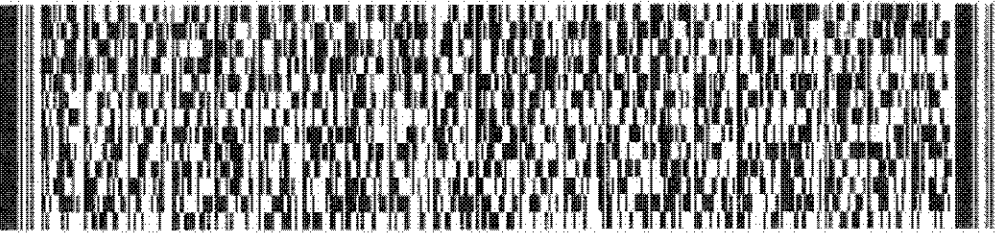
6. **TOTAL REVENUE** (Whole dollars only) 6.

	1	3	1	1	2	0	0
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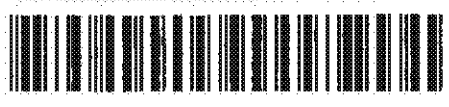
Print or type name <b>THOMAS LITTLEJOHN</b>	Area code and phone number [REDACTED]
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.	
Sign here	Date 5/15/11
<b>Mail original to:</b> COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348	

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. Instructions for each report year are online at <<http://www.window.state.tx.us/taxinfo/taxforms/05-forms.html>>.

**Texas Comptroller Official Use Only**



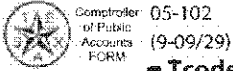
VE/DE	<input type="checkbox"/>
PM Date	



# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**



Comptroller of Public Accounts  
FORM 9-09/29

**Tcode 13196**

Taxpayer number

Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.**

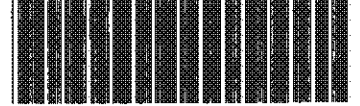
3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name <b>ARAMCO BRATS, INC.</b>				secretary of State file number or Comptroller file number <b>0139197301</b>	
Mailing address [REDACTED]					
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]	Plus 4 [REDACTED]		

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>AS ABOVE</b>
Principal place of business <b>AS ABOVE</b>



3011845894911

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A Name, title and mailing address of each officer, director or member.**

Name	Title	Director	Term expiration												
<b>L. MARIE LITTLEJOHN DUNN</b>	<b>PRESIDENT</b>	<input checked="" type="radio"/> YES	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>0</td><td>3</td><td>1</td><td>1</td><td>1</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	1
m	m	d	d	y	y										
1	0	3	1	1	1										
Mailing address [REDACTED]	City [REDACTED]	State <b>TX</b>	ZIP code [REDACTED]												
<b>RANDA OWEN-WILLIAMS</b>	<b>VICE PRESIDENT</b>	<input checked="" type="radio"/> YES	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>0</td><td>3</td><td>1</td><td>1</td><td>1</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	1
m	m	d	d	y	y										
1	0	3	1	1	1										
Mailing address [REDACTED]	City [REDACTED]	State <b>TX</b>	ZIP code [REDACTED]												
<b>THOMAS LITTLEJOHN</b>	<b>TREASURER</b>	<input checked="" type="radio"/> YES	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>0</td><td>3</td><td>1</td><td>1</td><td>1</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	1
m	m	d	d	y	y										
1	0	3	1	1	1										
Mailing address [REDACTED]	City [REDACTED]	State <b>LA</b>	ZIP code [REDACTED]												

**SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.**

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

**SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.**

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

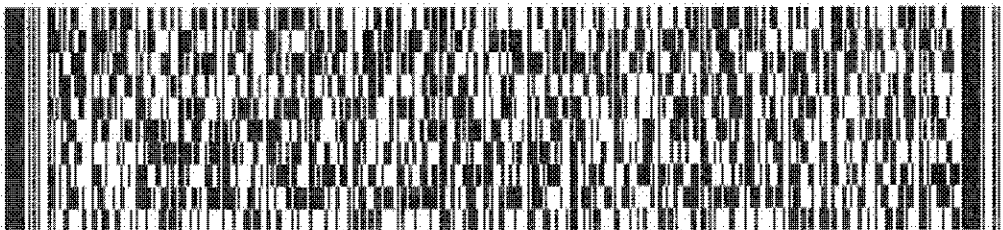
Registered agent and registered office currently on file. (See instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.	
<b>Agent: L. MARIE DUNN</b>					
<b>Office:</b> [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]		

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

<b>sign here</b> [REDACTED]	Title <b>TREASURER</b>	Date <b>5/15/11</b>	Area code and phone number [REDACTED]
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller of Public Accounts FORM 05-102 (9-09/29)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions  
**This report MUST be signed and filed to satisfy franchise tax requirements**

**Tcode 13196**

**Taxpayer number**

**Report year**

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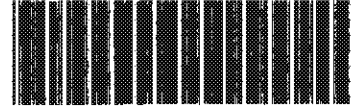
3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name <b>ARAMCO BRATS, INC.</b>				Secretary of State file number or Comptroller file number <b>0139197301</b>	
Mailing address [REDACTED]					
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]	Plus 4		

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>AS ABOVE</b>
Principal place of business <b>AS ABOVE</b>



3011845894911

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A Name, title and mailing address of each officer, director or member.**

Name	Title	Director	Term expiration
<b>KIM ZINSZER</b>	<b>SECRETARY</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
<b>DIANE SLINGLUFF</b>	<b>REUNION OVERSIGHT DIRECTOR</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
<b>ANDREW BOBB</b>	<b>DIRECTOR AT LARGE</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code

**SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.**

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

**SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.**

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

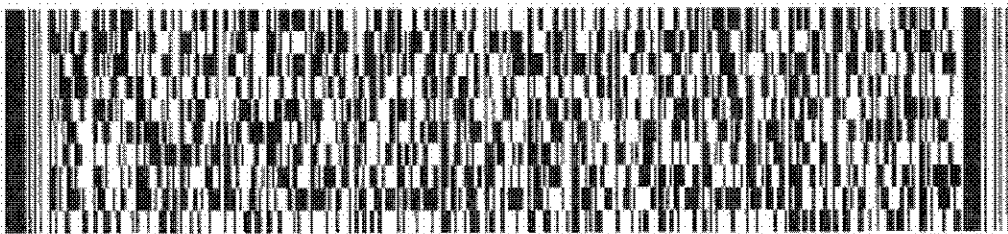
Registered agent and registered office currently on file. (See instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information	
<b>Agent: L. MARIE DUNN</b>					
Office:	City	State	ZIP Code		

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

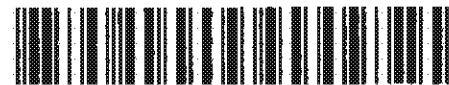
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

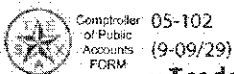
sign here	Title <b>TREASURER</b>	Date <b>5/15/11</b>	Area code and phone number
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

Report year

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3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name: **ARAMCO BRATS, INC.**

Mailing address: [Redacted]

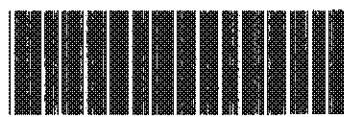
City: [Redacted] State: [Redacted] ZIP Code: [Redacted] Plus 4: **0139197301**

Secretary of State file number or Comptroller file number: **0139197301**

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Principal office: **AS ABOVE**

Principal place of business: **AS ABOVE**



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*Please sign below!*

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### SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
<b>DIANA GEERDES</b>	<b>DIRECTOR AT LARGE</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
<b>DUANE HOPPLE</b>	<b>DATABASE DIRECTOR</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
<b>MIKE SIMMS</b>	<b>PUBLICATIONS DIRECTOR</b>	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

### SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **L. MARIE DUNN**

Office: [Redacted] City: [Redacted] State: [Redacted] ZIP Code: [Redacted]

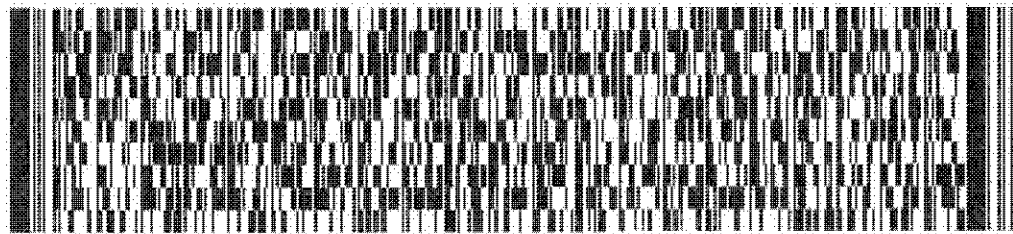
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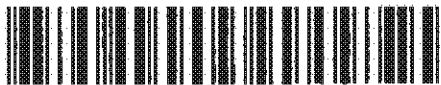
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

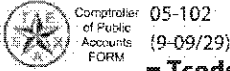
sign here: [Redacted] Title: **TREASURER** Date: **5/15/11** Area code and phone number: [Redacted]

### Texas Comptroller Official Use Only



VE/DE  PIR IND





# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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Tcode 13196

Taxpayer number:

Report year:

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3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name  
ARAMCO BRATS, INC.

Mailing address

Secretary of State file number or Comptroller file number

City State ZIP Code Plus 4

0139197301

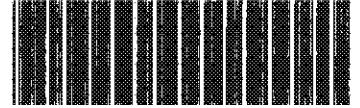
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Principal office

AS ABOVE

Principal place of business

AS ABOVE



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### SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
ROBIN WHITE	CLASS REP. DIRECTOR	<input checked="" type="radio"/> YES	1 0 3 1 1 1
Mailing address	City	State	ZIP code
DAWN KOLB	WEBSITE DIRECTOR	<input checked="" type="radio"/> YES	1 0 3 1 1 1
Mailing address	City	State	ZIP code
Name	Title	Director	Term expiration
		<input type="radio"/> YES	
Mailing address	City	State	ZIP code

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Agent: L. MARIE DUNN

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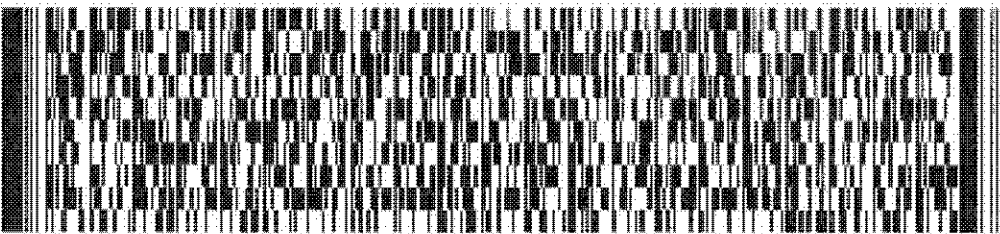
Office: City State ZIP Code

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Sign here Title: TREASURER Date: 5/15/11 Area code and phone number

Texas Comptroller Official Use Only



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