Texas Franchise Tax No Tax Due Information Report

05-163 (Rev.9-11/5) ■ Tcode 13255 Annual Taxpayer number Due date Report year Privilege period covered by this report 3 0 1 8 4 5 8 9 4 9 2 1 2 0 05/15/2012 12/31/2012 01/01/2012 Taxpayer name Secretary of State file number ARAMCO BRATS, INC. or Comptroller file number Mailing address 0139197301 City State Country ZIP Code Plus 4 Blacken circle if the address has changed 🔳 SIC code **NAICS** code Blacken circle if this is a combined report 8 6 4 8 3 4 0 Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see O instructions.* Blacken circle if this is a Corporation or Limited Liability Company Blacken circle if this is an Entity other than a Corporation or Limited Liability Company *Note: Upper tiered partnerships do not qualify to use this form. 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) (Passive income does NOT include rent) 2. This entity's annualized total revenue is below the no tax due threshold. (see instructions) This entity has zero Texas Gross Receipts. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4). 5a. Accounting year 5b. Accounting year 0 2 begin date end date 6. TOTAL REVENUE (Whole dollars only)

| Print or type name THOMAS LITTLEJOHN | | Area code and phone number |
|--|--------------|--|
| I declare that the information in this document and any attachmer belief. Sign here | Date 5/14/12 | Mail original to: Texas 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 Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

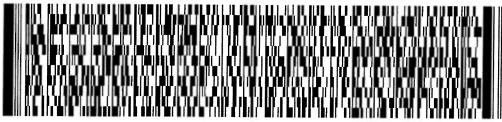
| Texas Comptroller Official Use Only |
|-------------------------------------|
| |

| VE/DE | |) | | |
|---------|--|---|--|--|
| PM Date | | | | |
| | | | | |

Comptroller 05-102 of Public Accounts (Rev.9-11/30) **■ Tcode** 13196

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

| Tax | payer i | number | | y | | ~ | | | _ | ■ R | eport | year | | You have o | ertai | n rights u | nder Chapter : | 552 ar | nd 55 | 9. Gove | rnmei | nt Co | ode. |
|-----------------------------|-------------------------|----------------------------|--|--------------------------|---|----------------------|---|---|-------------------|---------------------|----------------------|-----------------|---|--|---|-------------------------------|----------------------------------|----------|---|----------------|---|--------------|-----------------------|
| 3 | 0 | 1 1 | 8 | 4 5 | 8 8 | 9 | 4 | 9 | | 2 | 0 | 1 | 2 | to review, r | eques | t, and corr | ect informatio | n we i | have | | | | |
| | yer na | me RATS, IN | | LL | | | li | | L | | | <u> </u> | <u></u> | Contact us | at (80 | U) 232-130 | 31 or (512) 463 | -4600 | <u>'. </u> | | *************************************** | ************ | WWW. |
| | na addi | | <u> </u> | | | | | *************************************** | | | | | | | | | Secret | ary of | State | (S OS) | file n | umb | er |
| City | | | ······································ | | | | Is | tate | | | | | 1711 | ² Code | ĪΡΙ | us 4 | or Con | nptrol | ller fil | e num | ber | | |
| | | | | | | | · | | | | | | | | | | 01391 | | | | | | |
| \mathcal{C} | | | there | are curre | ntly no | chang | es fron | n prev | vious y | ear; if | no info | ormati | on is c | lisplayed, con | nplete | the applic | able informat | ion in | Sectio | ons A, E | 3 and (| | |
| Princij AS AB | pal offi SOVE | ce | | | | | | | | | | | | | | | | | | | | | |
| rinci _l AS AB | | ce of bus | iness | | | | *************************************** | | | • | ******* | | | | *************************************** | | | | Ш | | | | |
| Plea. | se sig | n belo | W! | Report is | comp There i | leted. s no re | The ir quirer | nform nent | ation or pro | is upo ocedui | dated a re for s | annua supple | illy as ement | e date a Publ part of the fr ing the infor | anchi | se tax | | 30 | 118 | 3458 | 949 | 12 | |
| | | Name, | title a | and mail | ing ad | dress | of eac | h off | | | or or n | nemb | er. | | | ***** | | | | | | | |
| Name | | TTI E I O LI | NDU | AJ NJ | | | | | ľ | itle | | | | | l _ | ector | Term | m | m | d | d | у | у . |
| | | LLETOH | טט א | NN N | *************************************** | | | | | RESIC | PENI | | | | • |) YES | expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | g addr | ess | | | | | | | IC | itv | | | | | | | State | | | 17IP (| | | |
| Name | | | | | | | | | T | itle | | | | | Dire | ector | T | m | m | d | d | у | у |
| PENN | Y DOU | GHERTY | MAH | IER | | | | | V | ICE P | RESID | ENT | | | • |) YES | Term expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | g addr | ess | | | | | | | C | ity | ********** | | *************************************** | | I | ****** | State | | | ZIP C | ode | | |
| Vame | | | | | | | | | Т | itle | | | | | Dire | ector | | m | m | d | d | у | у |
| гном | IAS LIT | TLEJOH | N | | | | | | Т | REAS | URER | | | | • | YES | Term expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | g addr | ess | | | | | | | c | ity | | | | | <u> </u> | | State | <u> </u> | <u> </u> | IZIP C | nde | | <u> </u> |
| ECTI | ON B | Enter th | ne info | ormation | requir | ed for | each c | orpo | ration | or LL | C, if ar | ıy, in v | which | this entity o | wns a | n interest | of 10 percent | or m | ore. | 1 |) | | |
| | | ned (subs | | | | | | | | | | | | nation | | | S file number | | | centag | je of o | wne | rship |
| lame | of own | ed (subs | idiary |) corpora | ition o | r limite | d liab | ility c | ompa | iny | | State | of form | nation | | Texas SO | S file number | , if an | v Per | centac | e of o | wne | rship |
| FCTI | ON C | Enter t | ne inf | ormatio | n regu | ired fo | r o s c | h cor | | ion o | | :f > = : | +1+ | | | | cent or more | | | _ | | | • |
| , | | liability | | | rrequ | ii eu i c | n eaci | ii cor | porac | 1011 01 | LLC, | папу | , mat | owns an int | erest | or 10 per | cent or more | e in th | iis en | tity or | limite | ed | |
| Name | of own | ied (pare | nt) co | rporatio | n or lin | nited li | ability | com | pany | | 3 | state o | of forr | nation | | Texas SO | S file number | , if any | Per | centag | e of o | wne | rship |
| Registe Agent: | | gent and | | ered offi | ce curi | ently o | on file. | . (see | instru | ctions | if you | need t | to ma | ke changes) | 0 | | circle if you istered agent | | | | | orma | ation. |
| Office: | | | | | ***** | | | *************************************** | | | | | lCity | 1 | | | lSta | | | | Code | | |
| he abo | ove infoi ions A, I | rmation is B, and C, if | requir neces | ed by Sec sary. The i | tion 17 nforma | 1.203 of tion wil | the Ta | x Code ailable | e for ea | ach cor ublic in | poratic spectio | on or lii n. | mited l | iability compa | ny tha | t files a Tex | as Franchise Ta | x Repo | ort. Us | e additi | onal sh | eets | |
| declare een m | e that th ailed to | ne informa each pers | ation ir son na | this documed in thi | ment a | nd any who is | attachr an offi | ments cer, di | is true rector | and co | orrect to mber ar | o the b | est of | my knowledge currently emr | and b | elief, as of by this, or : | the date below related, corpo | , and ti | hat a o | opy of | this rep | oort h | nas |
| ign | | | | | | | | | | | Title | | *************************************** | ,, | Date | / / | | | | and pl | | | |
| ere | | | | | | | | | | | TRE | | | | 5 | /14/1 | 2 | - | | | | | |
| | | | | | | | | Te | xas | Com | ptro | ller (| Offic | ial Use Or | ıly | | | | | | | | |
| ŊΣ | J | WX L | Щ | | | | Ш | | ď | | U | U | | | Ţ | | VE/DE | | | PIR | IND | | $\overline{\bigcirc}$ |



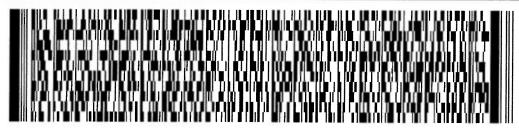


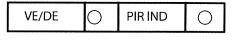
Comptroller 05-102
of Plublic Accounts
FORM (Rev.9-11/30)

T Code 13196

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

| laxpayer number | | т т | | | _ | _ | Report | year | | | | - | der Chapter | | | | | |
|---|--|---|--|-----------------------|--|---------|-----------------------|---|-------------|---------------------------------|-------------------|---------------|-----------------------------------|-----------|----------|------------|-----------|------------|
| 3 0 1 1 8 | 4 5 | 8 | 9 4 | 4 9 | | | 2 0 | 1 | 2 | | | | ect information 1 or (512) 463 | | | n file d | about y | ou. |
| Taxpayer name ARAMCO BRATS, INC. | | | | I | | | | 1 | 1 | | 1000 | ,, 252 150 | . 5. (512) 705 | . ,000 | • | | | |
| Mailing address | | | | | ······································ | | | | | | | ····· | Secret | ary of | State | (SOS) | file nu | nber |
| | | | | -12 | | | | | | | | | or Cor | , | | | | |
| City | | | | State | 5 | | | | ZIP | Code | ļΡlι | ıs 4 | 01391 | 9730 | 1 | | | |
| Blacken circle if ther | e are curren | tly no ch | anges f | from pr | evious | year; | if no info | ormati | on is d | isplayed, com | plete | the applic | able informat | ion in | Sectio | ns A, E | and C. | |
| Principal office | ······································ | | | | | | | *************************************** | | | ···· | | 7 | | | | | |
| AS ABOVE Principal place of busines | is | | | | | | | | | | | | | 2 M 2 | | 101.10 | | |
| AS ABOVE | | *************************************** | | | | **** | | | | ···· | | | _ | | | Ш | | |
| Please sign below! | | | | | | | | | | date a Publi part of the fra | | | | | | | | |
| reaso sy | report. Th | nere is n | o requi | iremen | it or pi | roced | ure for | supple | ement | ing the inform | matio | n as | | 2.0 | 1110 | 4.5.0 | | ^ |
| SECTION A Name, title | officers, d | | | | _ | • | | • | | | | | | 36 | 1118 | 458 | 9491 | 2 |
| Name | - divo ilitaini | ig addir. | C33 O1 (| Caciro | 111001, | Title | | HEIHL |)C1. | | Dire | ctor | <u> </u> | m | m | d | d | у ј |
| ANDREW BOBB | | | | | | SECR | ETARY | | | | | YES | Term | 1 | 0 | 3 | 1 | 1 3 |
| Mailing address | | | | | | | | | | | | | expiration | <u>L'</u> | <u> </u> | L | <u> </u> | <u></u> |
| <u> </u> | | | | | | City | | | | | | | State | | | IZIP C | ode | |
| Name | | | | | 1 | Title | | | | | Dire | ctor | Ψ | m | m | d | d | <i>y</i> , |
| DIANE SLINGLUFF | | | | | | REUN | O NOIL | REC | | | $\mid \odot \mid$ | YES | Term expiration | 1 | 0 | 3 | 1 | 1 3 |
| Mailing address | | | | | | City | | ALC C | 1 OIL | | I | | State | | | ZIP C | ode | |
| Name | | | / / / | | | Title | | | | | Dire | ctor | | m | m | đ | d | у 3 |
| ANNIE OSKAM | | | | | | DIRE | CTOR A | T 11 | IRGE | | \bullet | YES | Term expiration | 1 | 0 | 3 | 1 | 1 3 |
| Mailing address | | | | | | City | | | | | L | | State | | <u> </u> | ZIP C | ode | |
| SECTION B Enter the in | formation r | eauired | for eac | ch core | oratio | on or l | LC. if a | ıv. in v | which | this entity ov | wns at | n interest | of 10 percen | t or m | ore | | | |
| Name of owned (subsidia | | | | | | | | | | nation | | | 5 file numbe | | | entac | e of ov | nershi |
| Name of owned (subsidia | rv) corporat | ion or li | mited I | liability | comr | nany | | State | of form | nation | | Texas SO | 5 file numbe | r if an | v Pero | entac | e of ov | merchi |
| | | | | | | | | | | | | | | | | | | |
| SECTION C Enter the in liability cor | | require | ed for e | each co | orpora | ation | or LLC, | if any | , that | owns an inte | erest | of 10 per | cent or mor | e in th | nis en | tity o | limite | d |
| Name of owned (parent) o | | or limite | ed liabi | ility co | mpany | y | | State | of forn | nation | | Texas SO: | file numbe | r, if an | y Pero | entag | e of ov | nershi |
| Registered agent and regi | stered offic | o curron | tlyon | filo (e | a inst | ructio | ns if you | nood | to mod | o changes) | | Diaglas | _:!_:F | | | | | |
| Agent: L. MARIE DUN N | | e curren | itiy Oii i | iiie. (36 | e msu | ructio | ris II you | neeu | to mai | (e crianges) | \circ | | i circle if you istered agen | | | | | rmatio |
| Office: | | | | | | | ···· | | City | , | | | | ate | | | Code | |
| The above information is requ for Sections A, B, and C, if nec | uired by Section essary. The in | on 171.20 formation | 03 of the | e Tax Co e availab | ode for ole for p | each c | orporati inspectio | on or li | mited l | iability compa | ny tha | t files a Tex | as Franchise T | ax Repo | ort. Use | addit | ional she | ets |
| I declare that the information | in this docum | nent and | any atta | achmen | its is tru | ue and | correct | o the b | est of | my knowledge | and b | elief, as of | the date belov | v, and t | hat a c | opy of | this rep | ort has |
| been mailed to each person r | named in this | report wh | no is an | officer, | directo | or or m | ember a | nd who | o is not | | loyed Date | by this, or a | related, corp | | | ********** | | |
| sign here | | | | | | | 1 | ASU | RER | | 5 | /14/1 | 2 | MIEG | code | ани р | hone n | amber |
| | | | | | ove | | mntre | llor | offi- | ial Use On | 100 | 1 | | <u> </u> | | | | |







Comptroller 05-102 of Public Accounts FORM (Rev.9-11/30)

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

| | , , , | # | Tcc | ode | 1 | 319 | 6 | | | | | | | | | | | | | | | | | | | |
|-----------------------|---------------------|---------------------|-------|------------------|------------|---------------|---|---|--|--|---|---|------------------|-----------------|----------------|--------|---|----------|-------------------------------|---------------------------------|----------|---------|---------|--------------------|---------|-------------|
| ■ Tax | payer | numbe | r | | | | | ··· | | | | ■ Re | eport | year | | | You have cer | tain | rights ui | nder Chapter | 552 a | nd 55 | 9. Gov | rernme | ent Co | nde. |
| 3 | 0 | 1 | 1 | 8 | 4 | 4 | 5 8 | 9 | 4 | 9 | | 2 | 0 | 1 | 2 |) | to review, requ | uest, | and corr | ect informati | on we | have | | | | |
| | yer na | | | | L | | | L | L | L1 | | | | | <u></u> | | Contact us at | (800 |) 252-138 | 31 or (512) 46. | 3-4600 |). | | | | **** |
| Mailir | | RATS, | INC | • | | | | | ····· | ······································ | | | · | | | | | | | Ic . | | | 150 | | | |
| | | | | | | | | | | | | | | | | | | | | Secret or Cor | , | | • | • | numb | er |
| City | | | | | | | | | ĮS | tate | | | | | Z | ZIP (| Code | Plu | s 4 | 0139 | 19730 | 1 | | | | |
| $\overline{\bigcirc}$ | Blacke | n circle | if t | here | are | curre | ently no | chang | es fron | n prev | ious | year; if ı | no infe | ormati | on is | s dis | played, compl | ete 1 | he applic | | | | ons A. | B and | C. | |
| Princi AS AE | oal off OVE | ice | | | | | | | *************************************** | | | *************************************** | | | | | | | | | | | • | | | |
| Princi AS AE | oal pla | ce of b | usir | ness | | | | | ***************** | | *************************************** | | W | | | | | | | | | | | | | |
| Plea. | se sig | n bei | ow. | | Kep rep | port oort. | is comp There i | leted. i no re | The ir quirer | nform: nent d | ation or pro | is upd ocedur | ated e for s | annua supple | ally a emer | is pa | date a Public I art of the fran g the informa | chie | e tav | | | | | | | |
| SECT | ON A | Nam | e, ti | | offi | icers | , directo iling ad | rs, or | memb | ers ch | ange | e throu | ghou | t the y | year. | | g the monne | 1(101 | . 43 | | 30 |)11: | 3458 | 3949 | 12 | |
| Name | | | | | | ***** | | | ************************************* | | | itle | | | | | [[| Dire | ctor | | m | m | d | d | у | у |
| DIAN | A GEEI | RDES | | | | | | | | | c | DIRECT | OR A | TL | ARE | E | | • | YES | Term expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | g addr | ess | | | | | | | | | c | ity | | | | | | | **** | State | | | ZIP | Code | | |
| Name | | | | | | | | | | | Т | itle | | | | | | Dire | ctor | | m | m | d | d | у | у |
| DUAN | E HOF | PLE | | | | | | | | | C | DATAB. | ASE [| IRE | CTO | 2 | | • | YES | Term expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | a addr | ess | | | | | *************************************** | | | | 10 | ity | | | | | L | | | State | | | ZIP (| ode | | <u> </u> |
| Name | | | | | | | | *************************************** | | | T | itle | | | | | [| Direc | tor | 1 | m | m | · d | d | у | у |
| GINA | [ANN | ER | | | | | | | | | P | UBLIC | ATIO | NS " | DIR | EC | TOR. | • | YES | Term expiration | 1 | 0 | 3 | 1 | 1 | 3 |
| Mailin | a addr | ess | | | | **** | | | | | lc | itv | | | | | | | | State | | | IZIP (| ode | 1 | |
| SECTI | ON B | Enter | the | info | rm | atior | requir | ed for | each c | orpor | atior | or LL(| , if ar | ıy, in v | whic | h th | nis entity own | s an | interest | of 10 percen | t or m | ore. | 1 | ¥ | | |
| | | | | | | | ation o | | | | | | | state | | | | | | S file numbe | | | centa | ge of | owne | rship |
| Name | of owr | ned (su | bsic | diary) |) co | orpor | ation o | limite | ed liab | ility co | ompa | any | | state (| of fo | rma | ition | + | Texas SO | S file numbe | r, if an | y Per | centa | ge of | owne | rship |
| SECTI | ON C | Enter liabili | the | info | orm oan | nationy. | n requ | red fo | or eacl | h corp | orat | ion or | LLC, | if any | , tha | at o | wns an intere | est c | of 10 per | cent or mor | e in th | nis er | itity c | r limi | ted | |
| Name | of owr | | | | | | n or lin | ited li | ability | comp | any | | 9 | tate | of fo | rma | tion | T | exas SO | file number | , if an | y Per | centa | ge of o | owne | rship |
| Registe Agent: | | gent an | | | ere | d off | ice curr | ently | on file. | (see i | nstru | ictions | if you | need | to m | ake | changes) (| <u>-</u> | | circle if you istered agen | | | | | | ation |
| Office: | | | | • | | | | | *************************************** | | | | | | Ici | itv | | | | ISta | | | | P Cod | | |
| The abo | ve info ons A, I | rmation B, and C | is re | equire secess | ed b | y Sec | tion 171 | .203 of ion wil | the Ta | x Code ailable | for ea | ach corpublic ins | oratio pectio | n or lii n. | mited | d lial | oility company | that | files a Tex | as Franchise Ta | х Кер | ort. Us | e addi | tional s | heets | |
| declare | that th | ne infor | nati | on in | this | s doc | ument a | nd any | attachr | nents i | is true | and co | rrect to | o the b | est o | of my | v knowledge an urrently employ | nd be | lief, as of t y this, or a | he date below related, corpo | , and to | hat a o | opy o | f this reability o | eport h | nas iny. |

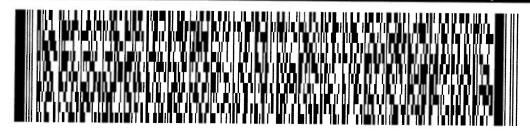
TREASURER

Texas Comptroller Official Use Only

Date

12

Title



| VE/DE | 0 | PIR IND | 0 |
|-------|---|---------|---|
| | | | |

Area code and phone number



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

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

| Tax | cpayer r | number | | ···· | | | | | _ | ■ R | eport y | /ear | | You have ce | ertain | rights un | der Chapter | 552 ar | nd 559 | , Gove | rnmen | t Code, |
|-------------------|---------------------------|----------------|-------------|---|------------------|----------|----------|---|-----------|---------|--|---|--|-------------------------------|--|------------------|--------------------|-----------|-------------|---|----------|---|
| 3 | 0 | 1 1 | 8 | 4 | 5 8 | 3 9 | 4 | 9 | | 2 | 0 | 1 | 2 | to review, re Contact us a | | | | | | n file (| about y | ou. |
| | ayer nai MCO BF | me RATS, IN | IC. | | | | | | | | | | | | | | | | *********** | *************************************** | | *************************************** |
| | ng addr | | | | | | | | | | · | | | | | | | | | | file nu | mber |
| City | | | | | | | Is | tate | | | | ······································ | 7 F | 'Code | Plu | ıs 4 | or Co | mptro | ler file | num | ber | |
| | | | | | | | | | | | | | | | | | 0139 | 19730 | 1 | | | |
| \bigcirc | | | f there | are curre | ntly n | o chanç | jes fron | n pre | vious y | ear; if | no info | rmatio | on is d | isplayed, com | plete | the applica | able informa | tion in | Sectio | ns A, E | and C. | |
| Princ AS A | ipal offi BOVE | ce | | | | | | | | | | | | | | | | | | | | |
| | ipal plad BOVE | ce of bu | siness | | | | | | | | | | | | ······································ | | | | | | | |
| L | | | | Officer | direct | or and | mamh | or inf | format | ion ic | raport | od ac | of the | date a Publi | c Info | rmation | 그 📗 | | | | | |
| Plea | ise sig | n belo | W! | Report i | s com | pleted | The in | nform | nation | is upo | dated a | innua | lly as | part of the fra | anchis | e tax | M | | | | | |
| | | | | officers, | | | | | | | | | | ing the inforr | natioi | n as | | 30 | 118 | 458 | 9491 | .2 |
| | | Name | , title | and mai | ling a | ddress | of eac | h of | | | or or n | nemb | er. | | · | | | | | | | |
| Name | | - - | | | | | | | - 1 | itle | n=n : | S | m. | 7 | Dire | | Term | m | | d | d 1 | y y |
| | N WHIT | | | | | | | | | LASS | REP. | DIKE | C 101 | | • | YES | expiration | Ľ | 0 | 3 | | 1 3 |
| Mailir | ng addr | ess | | | | | | | C | ity | | | | | | | State | | | ZIP C | ode | |
| Name | 2 | | | | | | | | T | itle | | | | | Dire | ctor | | m | m | d | d | у у |
| DAW | N KOLE | 3 | | | | | | | v | VEBSI | TE DI | LECT | 02 | | • | YES | Term expiration | 1 | 0 | 3 | 1 | 1 3 |
| Mailir | ng addr | ess | | | | | | | | ity | | | | | L | | State | <u> </u> | | ZIP C | ode | |
| Name | ? | | | *************************************** | | | | | T | itle | | | ····· | : | Dire | ctor | | m | m | d | d | у у |
| | | | | | | | | | | | | | | | 0 | YES | Term expiration | | | | | |
| Mailir | ng addr | ess | | | | | ······ | *************************************** | c | ity | | *************************************** | / | | | | State | | | ZIP C | ode | |
| SECT | ION B | Enter t | he info | ormation | requ | ired for | each o | orpo | oration | orLL | .C, if an | y, in v | vhich | this entity ov | vns ar | n interest | of 10 perce | nt or m | ore. | L | | |
| Name | of owr | red (sub | sidiary | /) corpor | ation | or limit | ed liab | ility | compa | any | 3 | tate o | of forr | nation | | Texas SO: | file numbe | er, if an | y Pero | entag | e of o | vnership |
| Name | of owr | ned (sub | sidiary | /) corpor | ation | or limit | ed liab | ility | compa | any | | tate o | of forr | nation | | Texas SO: | file numbe | r, if an | y Pero | entag | e of ov | vnership |
| SECT | ION C | Enter t | | | n req | uired f | or eac | h coi | rporat | ion o | r LLC, i | if any, | that | owns an inte | erest | of 10 per | cent or mo | re in tl | nis en | tity o | limite | ·d |
| Name | of own | ned (par | ent) co | rporatio | n or li | mited | iability | com | pany | | 9 | tate o | of forn | nation | | Texas SO: | file numbe | er, if an | y Pero | entag | e of ov | vnership |
| Regis Agen | | gent and | | tered off | ice cu | rrently | on file | . (see | instru | ıction | s if you | need t | o mai | ke changes) | 0 | | circle if you | | | | | ormation |
| Office | | | | | | | | | | | ······································ | | lCit\ | , | | | | ate | 3 | | Code | |
| | | | | red by Secsory. The | | | | | | | | | nited I | iability compai | ny that | t files a Tex | as Franchise | ax Rep | ort. Use | e addit | ional sh | eets |
| l decla been r | re that th | ne inform | nation in | n this doc | ument is repo | and any | attach | ment | s is true | and c | orrect to | o the b | est of | my knowledge currently emp | and b | elief, as of t | he date belo | w, and t | hat a c | opy of | this rep | ort has |
| sign here | | | | | | | | , u | | J. 111C | Title | ASU | ······································ | | Date | Tul | 2 | | | | | umber |
| | - | | | 6.4 | | | | | | | | | | :-UUC | / | 141 | - | - | | | | |
| | | | | | | | | ш | -Xd5 | Com | ptro | iler (| лпс | ial Use On | шy | | | | | | | |

