



05-163
(Rev.9-11/5)

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	2	05/15/2012	01/01/2012	—	12/31/2012		

Taxpayer name ARAMCO BRATS, INC.										Secretary of State file number or Comptroller file number 0139197301			
Mailing address										Blacken circle if the address has changed ■ <input type="radio"/>			
City			State			Country			ZIP Code		Plus 4		
Blacken circle if this is a combined report ■ <input type="radio"/>										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="radio"/>													
Blacken circle if this is a Corporation or Limited Liability Company <input checked="" type="radio"/>						Blacken circle if this is an Entity other than a Corporation or Limited Liability Company <input type="radio"/>							

*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) 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	1

5b. Accounting year end date

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

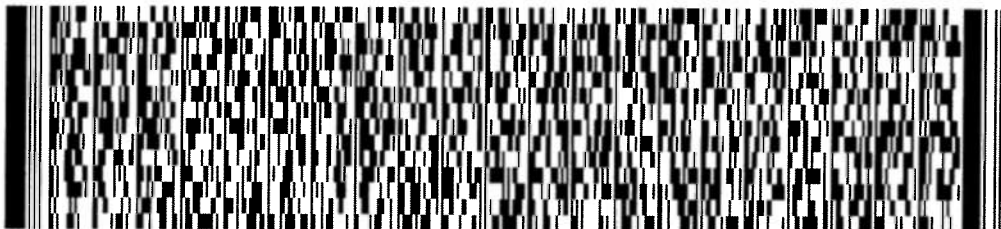
6. TOTAL REVENUE (Whole dollars only) 6. ■

										9	7	6	1	0	0	0
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Print or type name THOMAS LITTLEJOHN										Area code and phone number			
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.										Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348			
sign here													
Date 5/14/12													

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	<input type="radio"/>
PM Date	





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

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

■ Taxpayer number

3	0	1	1	8	4	5	8	9	4	9
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■ Report year

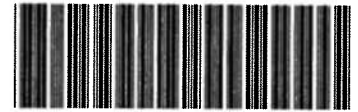
2	0	1	2
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You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name ARAMCO BRATS, INC.				Secretary of State (SOS) file number or Comptroller file number 0139197301			
Mailing address				City			
State				ZIP Code		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 AS ABOVE
Principal place of business AS ABOVE



3011845894912

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
L. MARIE LITTLEJOHN DUNN	PRESIDENT	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 3
Mailing address	City	State	ZIP Code
PENNY DOUGHERTY MAHER	VICE PRESIDENT	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 3
Mailing address	City	State	ZIP Code
THOMAS LITTLEJOHN	TREASURER	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 3
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 10 percent 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 10 percent 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
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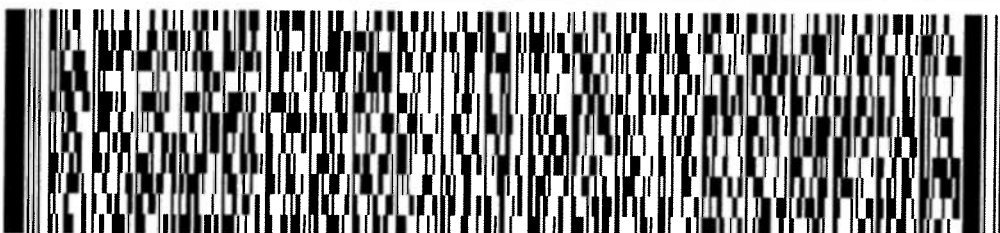
Registered agent and registered office currently on file. (see instructions if you need to make changes)	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.
Agent: L. MARIE DUNN	
Office:	City State ZIP Code

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 TREASURER	Date 5/14/12	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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Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30) Tcode 13196

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■ Report year

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3 0 1 1 8 4 5 8 9 4 9

2 0 1 2

Taxpayer name
ARAMCO BRATS, INC.

Mailing address

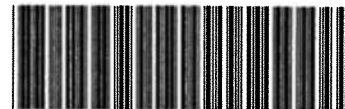
City _____ State _____ ZIP Code _____ Plus 4 _____

Secretary of State (SOS) file number or Comptroller file number
0139197301

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AS ABOVE

Principal place of business
AS ABOVE



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

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

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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** Blacken circle if you need forms to change the registered agent or registered office information.

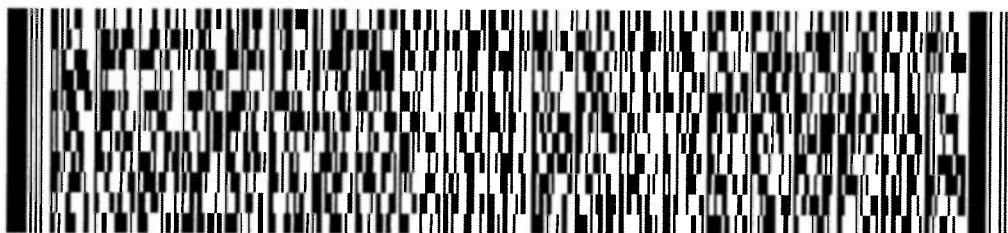
Office: _____ City _____ State _____ ZIP Code _____

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sign here Title **TREASURER** Date **5/14/12** Area code and phone number _____

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VE/DE PIR IND





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

Tcode 13196

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■ Report year

2	0	1	2
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Taxpayer name ARAMCO BRATS, INC.			Secretary of State (SOS) file number or Comptroller file number 0139197301		
Mailing address					
City		State		ZIP Code Plus 4	

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Name	Title	Director	Term expiration												
DIANA GEERDES	DIRECTOR AT LARGE	<input checked="" type="radio"/> YES	<table border="1"> <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>3</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	3
m	m	d	d	y	y										
1	0	3	1	1	3										
Mailing address		City	State ZIP Code												
DUANE HOPPLE	DATABASE DIRECTOR	<input checked="" type="radio"/> YES	<table border="1"> <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>3</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	3
m	m	d	d	y	y										
1	0	3	1	1	3										
Mailing address		City	State ZIP Code												
GINA TANNER	PUBLICATIONS DIRECTOR	<input checked="" type="radio"/> YES	<table border="1"> <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>3</td> </tr> </table>	m	m	d	d	y	y	1	0	3	1	1	3
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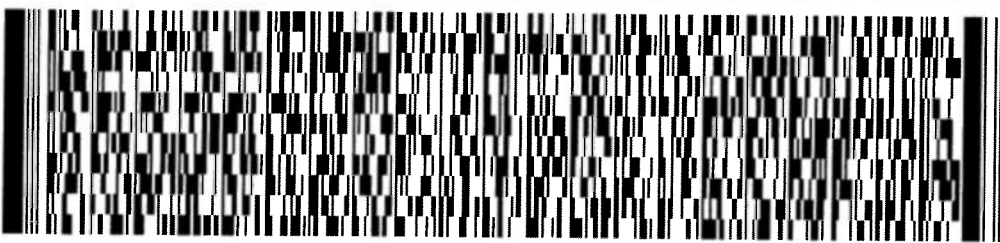
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ROBIN WHITE	CLASS REP. DIRECTOR	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 3
Mailing address	City	State	ZIP Code
DAWN KOLB	WEBSITE DIRECTOR	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 3
Mailing address	City	State	ZIP Code
		<input type="radio"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

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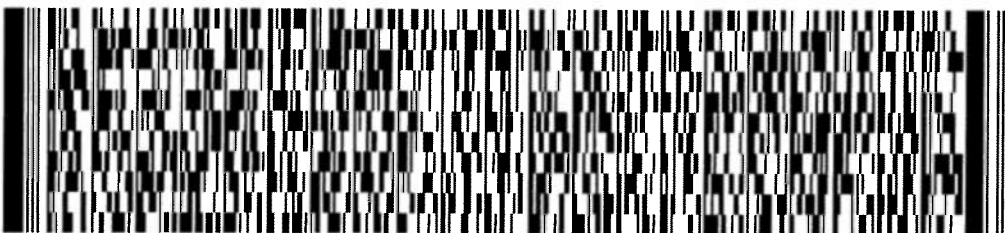
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sign here	Title TREASURER	Date 5/14/12	Area code and phone number
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