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

Tax	payer r	number									Re	port y	/ear	_	You ha	ive ce	ertain ri	ghts un	der Cł	apter 5	52 ar	nd 559,	Gove	rnmen	t Cod	le,
															to revie	w, rec	quest, ar t (800) 2	nd corre	ct info	ormatio	n we l	have o				
Тахра	iyer nai	ne									•															
Mailir	ng addr	ess																		Secreta Compt					mbe	r or
City								Sta	te					ZIP	Code		Plus 4			compt	Ionei	ine no	inder			
0	Blacke	n circle	f there	are curr	ently r	າo ch	ange	s from	previo	us yea	ar; if n	io info	ormatio	on is d	isplayed,	comp	olete the	applica	ble in	formati	on in	Sectio	ns A, B	and C		
Princi	pal offi	ce																								
Princi	pal pla	ce of bu	isiness																							
Officer, director and manager 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 managers change throughout the year.																										
		Name	e, title a	and ma	iling a	addr	ess c	of eac	h offic			r or n	nanag	ger.			Discrete									
Name	2									Titl	le						Directo	or ES	Term expii	n ration	m	m	d	d	у	у
Mailir	ng addr	ess								Cit	y								State				ZIP Co	ode		
Name	2									Titl	le						Directo	or			m	m	d	d	у	у
																	() ү	ES	Term expii	n ration						
Mailir	ng addr	ess								Cit	y								State				ZIP Co	de		
Name	2									Titl	le						Directo	or	-		m	m	d	d	y	y
																	() ү	ES	Term expii	n ration						
Mailir	ıg addr	ess								Cit	y								State				ZIP Co	de		
SECT	ION B	Enter	the in	formati	on ree	quire	ed fo	or eac	n corp	oratio	on or	LLC,	if any	, in w	hich this	s enti	ity own	s an int	erest	of 10 p	oerce	nt or	more			
Name	ofow	ned (sul	osidiar	y) corpc	ration	ı or li	imite	ed liab	ility co	mpan	ıy	1	State	of forr	mation		Te	xas SOS	5 file n	umber	, if an	y Perc	entag	e of o	wner	ship
Name	ofow	ned (sul	osidiar	y) corpc	ration	i or li	imite	ed liab	ility co	mpan	ıy		State	of forr	mation		Te	xas SOS	5 file n	umber	; if an	y Perc	entag	e of o	wner	ship
SECT	ION C			formati 1pany.	on ree	quire	ed fo	or eacl	ר corp	oratio	on or	LLC,	if any	, that	owns ar	n inte	erest of	10 pei	cent	or mor	e in t	his en	tity o	r limit	ed	
Name	ofow	ned (pa	rent) co	orporati	on or	limit	ted lia	ability	comp	any		-	State	of forr	nation		Te	xas SOS	5 file n	umber	; if an	y Perc	entag	e of o	wner	ship
Regist Agent		gent an	d regis	stered o	ffice c	urrer	ntly c	on file.	(see ir	nstruc	tions	if you	need	to ma	ke chang	jes)		Blacker the reg							orma	ation.
Office	:													Cit	у					Sta	ate		ZI	P Code	5	
				ired by Sessary. Th										imited	liability co	ompar	ny that fil	es a Tex	as Fran	chise Ta	ax Rep	ort. Use	e additi	onal sh	neets	
															my know t currentl											
sign here)											Title				(Date				Area	code	and p	hone r	numl	ber
nere	; '					_																,				
									Tex	cas C	om	ptro	ller	Offic	ial Use	e On						1				
					0) hi	<u>a</u> ti	Υ ι	n N	Ĭ PNA				n.			0,0,			VE	/DE	\bigcirc	PI	r ine)	C)
									ׅׅׅׅׅׅׅׅׅׅׅׅׅׅׅׅׅׅׅ֬֬׀׀֛֛֛֛֢֢֢֢֢֢֢֢֢֢֢֢֢) j j j				'						-		
			ULULUU VI. ILU			/h r	∦₩	ιΩ II																		
	Ň, [/Ì ď	I TID		• Fa ille									i þ/		I P ' IT 1 K											
III N			' MNA'			Ϊdí	╵┢╻╢┣		N'I FFB	10 "10	1111	in d	n Maria													

Comptroller 05-102 of Public Accounts FORM

Tcode 13196

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.										

