



05-102 (Rev.9-13/32)

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

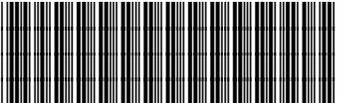
Taxpayer number and Report year input fields

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 1-800-252-1381.

Taxpayer name, Mailing address, City, State, ZIP Code, Plus 4, Secretary of State (SOS) file number or Comptroller file number

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 and Principal place of business input fields



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Please sign below!

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.

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

Table for Section A with columns: Name, Title, Director (YES/NO), Term expiration (m m d d y y), 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.

Table for Section B with columns: 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.

Table for Section C with columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of ownership

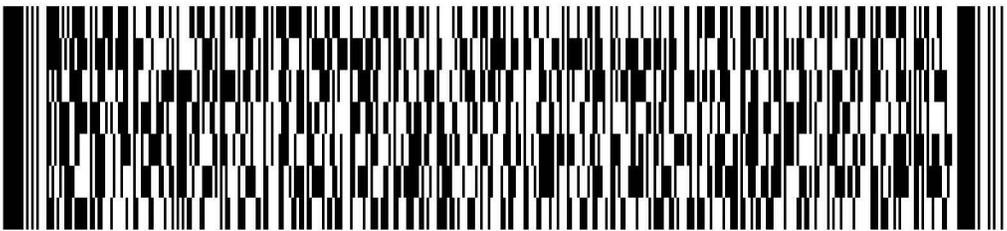
Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: Office: City: State: ZIP Code
Blacken circle if you need forms to change the registered agent or registered office information.

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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

Signature line: sign here, Title, Date, Area code and phone number

Texas Comptroller Official Use Only



VE/DE, PIR IND input fields

