

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

		mber								■ R	eport y	ear						You ha	ve cert	ain ri	ahts u	nder Ci	hapter.	552 aı	nd 559,
																		nment Co e have on	ode, to i	review	, reque	st and	correct	infori	mation
Тахр	ayer nam	e	•			_				•	<u>'</u>						O Bla	acken cir	cle if t	he m	ailing a	addre:	ss has	chan	ged.
Mailing address																Secretary of State (SOS) file n Comptroller file number						umb	er or		
City								Stat	e				ZIP	Code		Plus 4			comp	·······		umbe			
$\overline{\bigcirc}$	Blacken o	ircle if t	nere ar	e curren	tly no d	hang	es fro	om pr	evious	year; if no	o inforr	mation	is dis	olayed,	comple	te the a	pplicab	le inforr	mation	in Se	ctions	А, В а	nd C.		
Princ	ipal office	<u> </u>																							
Princ	ipal place	of busir	ess																						
	ase sig		w!	Report report. officers	is com There , direct	pleted is no ors, o	d. Th requ or ma	ne info iireme anage	ormati ent or ers cha	mation is on is upo procedu nge thro	dated a re for s ughou	annua supple st the y	illy as ement year.	part of	the fran	nchise t	ax			1	000	000	0000	14	
Nam		Name	title a	and ma	iling a	ddres	ss of	each	office	r, direct	or or r	nanag	ger.		1	Director				m	m	d	d	у	у
																O Y	ES	Term expira	tion						
Maili	ng addre	SS								City					•			State				ZIP Co	ode		
Nam	е									Title					ı	Director		Term		m	m	d	d	у	у
																O Y	ES	expira	tion						
Maili	ng addre	SS								City								State				ZIP Co	ode		
Nam	е									Title					1	Director		Term		m	m	d	d	у	у
																() Y	ES	expira	tion						
Maili	ng addre	SS								City								State				ZIP Co	ode		
SEC	TION B	Enter	the inf	ormati	on req	uired	for	each	corpo	ration o	r LLC,	if any	, in w	hich th	nis entit	ty own	s an in	terest c	of 10 p	erce	nt or	more	<u>.</u>		
Nam	e of owne	d (subsi	diary) c	orporatio	n or lim	ited li	abilit	y com	pany			State	of form	ation		Te	exas SOS	file num	ber, if	any	Pero	centag	e of ov	vnersł	nip
Name of owned (subsidiary) corporation or limited liability company								State of formation					Texas SOS file numb				mber, if any Percentage of ownership								
SEC	TION C	Enter liabilit			on req	uired	for	each	corpc	ration o	r LLC,	if any	, that	owns	an inte	rest of	10 pe	rcent o	r mor	e in t	his er	ntity o	r limi	ted	
Name of owned (parent) corporation or limited liability company									State of formation					Texas SOS file nu				umber, if any Percentage of ownership							
		ent and r	egister	ed office	current	ly on f	ile (s	ee inst	ructions	s if you nee	d to mo	ake cha	inges)					circle if						orma	ation.
	gent: Office:								City												IP Cod	lode			
The a	bove info									or each co or public ir			imited	liability	compan	y that fil	es a Tex	as Franc	hise Ta	x Rep	ort. Us	e addit	ional s	heets	 ;
										true and															
sig		o cacii p	21301111	unica in	шізтер	OIL WI	10 13 0	ari 01110	cci, dire	etor or m	Title		110 13 11	or curre		Date	y (1113, OI	- a related	<u>а, согр</u>		code a				
hei	re /																			(-		
									Tex	as Con	nptro	ller	Offic	ial U	se Onl	y									
																		VE/	DE		PI	R INI			