

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number	■ Rep	ort ye	ar				You have cei	tain ria	hts un	nder Ch	apter 55	52 and 5!
							ernment Code, to we have on file a	review,	reques	t and c	orrect ir	nformatio
Taxpayer name						. O	Blacken circle if	the ma	iling a	ddress	has ch	nanged.
Mailing address								tary of				mber o
City State			Z	P code	plus 4		Comp	uonei	me m	umber		
Blacken circle if there are currently no changes from previous	year; if no ir	nform	ation is d	isplaye	d, comple	te the applica	able informatio	n in Se	ctions	A, B ar	nd C.	
Principal office												
Principal place of business												
You must report officer, director, member, general partner and ma	anager infor	matic	on as of t	he date	you com	olete this rep	ort.					
Please sign below! This report must be signed	-											
SECTION A Name, title and mailing address of each office								10	000	0000	0000	0
Name	Title		ibei, gei	iciui p		Director	1_	m	m	d	d	у у
						○ YES	Term expiration					
Mailing address	City						State			ZIP Co	de	
Name	Title					Director	1_	m	m	d	d	у у
						○ YES	Term expiration					
Mailing address	City				I		State			ZIP Co	de	
Name	Title					Director	Term	m	m	d	d	у у
						YES	expiration					\bot
Mailing address	City						State			ZIP Co	de	
SECTION B Enter information for each corporation, LLC, l	LP, PA or fir	nanci	ial institu	ution, i	f any, in	which this e	ntity owns ar	intere	est of	10 pe	rcent	or moi
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	9	State of fo	rmatior	l	Texas S	OS file number, i	f any	Perc	entage	of own	ership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	n State of formation				Texas S	any Percentage of ownership					
CECTION C. Francisch westign for each communities 11.C.	ID DA £		.:-1::		:£						: al.:.	
SECTION C Enter information for each corporation , LLC, Name of owned (parent) corporation, LLC, LP, PA or financial institution			State of fo				OS file number, i				of own	
		<u> </u>	. ,	,								
Registered agent and registered office currently on file (see instruction Agent:	is if you need t	o mal	ke changes	5)			e a filing with the ed office or gener					egistered
Office:			1	City			St	ate		ZIF	Code	
The information on this form is required by Section 171.203 of the Tax C sheets for Sections A, B and C, if necessary. The information will be avail				.C, LP, P	\ or financi	al institution t	hat files a Texas	ranchis	se Tax F	Report.	Use ad	ditional
I declare that the information in this document and any attachments i been mailed to each person named in this report who is an officer, dir	is true and co	rrect	to the bes									
LLC, LP, PA or financial institution.		Title				Date					ne num	
here								()	•	-	
Тех	as Comp	tro	ller Off	icial	Use On	ly						
							VE/DE	\bigcirc	PII	RIND		\bigcap
		IJ١				▊▎▎▐▋▎		\cup				
									.	.		
MIII NATEUR) DELOGEROLDO DE LA RECOLLEGA (POLICIAR POLICIA) (1707)												