



Comptroller of Public Accounts FORM 05-102 (Rev.11-12/31)

■ 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

■ Report year

**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.

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|                 |  |       |  |   |  |
|-----------------|--|-------|--|---|--|
| Taxpayer name   |  |       |  | Secretary of State (SOS) file number or Comptroller file number |  |
| 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            |
| Principal place of business |



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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.

|                 |       |                                       |  |
|-----------------|-------|---------------------------------------|--|
| Name            | Title | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br>[ ][ ][ ][ ][ ][ ] |
| Mailing address | City  | State                                 | ZIP Code   |
| Name            | Title | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br>[ ][ ][ ][ ][ ][ ] |
| Mailing address | City  | State                                 | ZIP Code   |
| Name            | Title | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br>[ ][ ][ ][ ][ ][ ] |
| 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 |
|---|--------------------|-------------------------------|-------------------------|

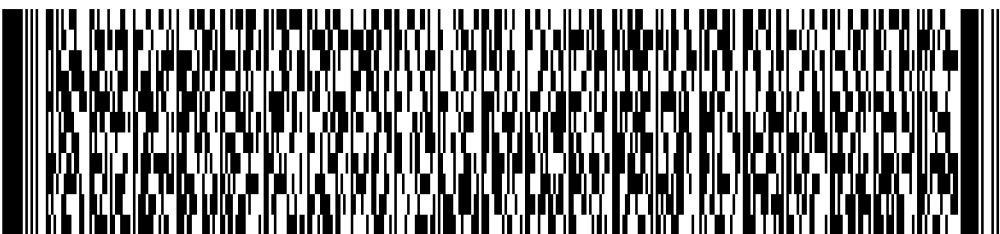
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| Registered agent and registered office currently on file. (see instructions if you need to make changes) |      |   |          |
| Agent:   |      | <input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information. |          |
| 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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

|           |       |      |                                  |
|-----------|-------|------|----------------------------------|
| sign here | Title | Date | Area code and phone number ( ) - |
|-----------|-------|------|----------------------------------|

**Texas Comptroller Official Use Only**



|       |                       |         |                       |
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| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
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