



[Business Organizations](#) | [Trademarks](#) | [Help/Fees](#) |

## BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

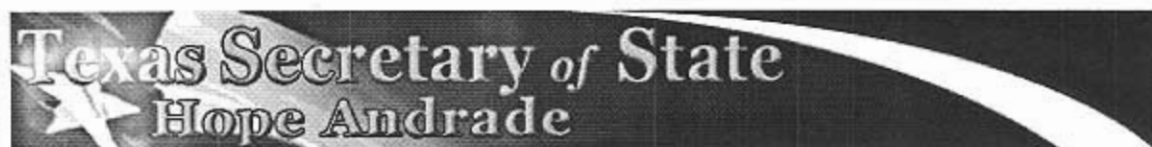
**Filing Number:** 156126400      **Entity Type:** Domestic For-Profit Corporation  
**Original Date of Filing:** December 14, 1999      **Entity Status:** In existence  
**Formation Date:** N/A  
**Tax ID:** 17429390184      **FEIN:**  
**Duration:** Perpetual  
**Name:** BUTTROSS GROUP II, INC.  
**Address:** PO BOX 5396  
 Austin, TX 78763-5396 USA

<u>REGISTERED</u> <u>AGENT</u>	<u>FILING</u> <u>HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> <u>NAMES</u>	<u>ASSOCIATED</u> <u>ENTITIES</u>
<b>Name</b>	<b>Address</b>	<b>Inactive Date</b>			
Albert J Heinrich	7901 Cameron Rd., Bldg. 3, Ste 100 Austin, TX 78754 USA				

[Return to Search](#)

### Instructions:

- To place an order for additional information about a filing press the 'Order' button.



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<b>Last Update</b>	<b>Name</b>	<b>Title</b>	<b>Address</b>		
May 13, 2009	DAVID A BUTTROSS Jr	SECRETARY	PO BOX 5396 AUSTIN, TX 78763 USA		
May 13, 2009	DAVID A BUTTROSS Jr	DIRECTOR	PO BOX 5396 AUSTIN, TX 78763 USA		
May 13, 2009	DAVID A BUTTROSS Sr	TREASURER	PO BOX 5186 AUSTIN, TX 78763 USA		
May 13, 2009	DAVID A BUTTROSS	PRESIDENT	PO BOX 5396 AUSTIN, TX 78763 USA		
May 13, 2009	DAVID A BUTTROSS Jr	PRESIDENT	PO BOX 5396 AUSTIN, TX 78763 USA		

[Return to Search](#)

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**Duration:** Perpetual  
**Name:** BUTTROSS GROUP II, INC.  
**Address:** PO BOX 5396  
 Austin, TX 78763-5396 USA

<u>REGISTERED AGENT</u>	<u>FILING HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED NAMES</u>	<u>ASSOCIATED ENTITIES</u>
Assumed Name	Date of Filing	Expiration Date	Inactive Date	Name Status	Counties
Buttross Motors	December 20, 2002	December 20, 2012		Active	,
BAM	February 15, 2008	February 15, 2018		Active	All Counties

[Return to Search](#)

### Instructions:

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**ARTICLES OF INCORPORATION**

**OF**

**BUTTROSS GROUP II, INC.**

**FILED**  
In the Office of the  
Secretary of State of Texas

DEC 14 1999

**ARTICLE ONE**

The name of the corporation is Buttross Group II, Inc., ~~Incorporations~~ Section

**ARTICLE TWO**

The period of its duration is perpetual.

**ARTICLE THREE**

The purpose or purposes for which the corporation is organized are:

The transaction of any or all lawful business for which corporations may be incorporated under the Texas Business Corporation Act.

To deal in all kinds of real and personal property subject to Part Four of Texas Miscellaneous Corporation Laws Act.

To engage in such businesses and to do all other things necessary as are related to or allied with the purposes herein set forth.

**ARTICLE FOUR**

The aggregate number of shares which the corporation shall have authority to issue is 100,000 with no par value.

**ARTICLE FIVE**

The corporation will not commence business until it has received for the issuance of its shares consideration of the value of One Thousand and No/100 Dollars (\$1,000.00) consisting of money, labor done or property actually received.

**ARTICLE SIX**

The address of its registered office is 4408 Spicewood Springs Road, Austin, Texas 78759 and the name of its registered agent at such address is Charles J. Young.

## ARTICLE SEVEN


The initial director's name and address is:

David A. Buttross  
P. O. Box 5186  
Austin, Texas 78763

The name and address of the incorporator is:

Charles J. Young  
Richey & Young, P.C.  
4408 Spicewood Springs Road, Suite 100  
Austin, Texas 78759

IN WITNESS WHEREOF, I have hereunto set my hand this the 14th day of December, 1999.

  
Charles J. Young

ARTICLES OF INCORPORATION  
S:\FILES\WANDA\CORP\1704-9.101

The Buttross Group, Inc.  
5818 Balcones #202  
Austin, Texas 78735

December 14, 1999


Secretary of State  
Corporate Division  
P.O. Box 13697  
Austin, Texas 78711-3697

Re: Use of Corporate Name

Dear Sir/Madam:

The board of directors of The Buttross Group, Inc., a Texas corporation, have authorized Charles J. Young as incorporator to file articles of incorporation for a new Texas corporation to be named Buttross Group II, Inc., and authorized said use of a name similar to The Buttross Group, Inc.

Sincerely,

  
David A. Buttross,  
President

DAB/wb



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
in the Office of the  
Secretary of State of Texas

OCT 21 2002

Corporations Section

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**CHANGE OF REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the entity is Buttross Group II, Inc.  
and the file number issued to the entity by the secretary of state is 01561264
2. The entity is: (Check one.)
  - ☒ a *business corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, as provided by the Texas Business Corporation Act.
  - ☐ a *non-profit corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act.
  - ☐ a *limited liability company*, which has authorized the changes indicated below through its members or managers, as provided by the Texas Limited Liability Company Act.
  - ☐ a *limited partnership*, which has authorized the changes indicated below through its partners, as provided by the Texas Revised Limited Partnership Act.
  - ☐ an *out-of-state financial institution*, which has authorized the changes indicated below in the manner provided under the laws governing its formation.
3. The registered office address as **PRESENTLY** shown in the records of the Texas secretary of state is 4408 Spicewood Springs Rd #100; Austin, Tx 78759
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)  
1400 West Anderson Lane; Austin, Texas 78757  
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as **PRESENTLY** shown in the records of the Texas secretary of state is Charles J. Young
6. ☐ A. The name of the NEW registered agent is \_\_\_\_\_  
OR ☒ B. The registered agent will not change.

7. Following the changes shown above, the address of the registered office and the address of the office of the registered agent will continue to be identical, as required by law.

By: \_\_\_\_\_

(A person authorized to sign  
on behalf of the entity)

### INSTRUCTIONS

1. It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to [corpinfo@sos.state.tx.us](mailto:corpinfo@sos.state.tx.us). As information on out-of-state financial institutions is maintained on a separate database, a financial institution must call (512) 463-5701 to verify registered agent and registered office information. If the information on the form is inconsistent with the records of this office, the statement will be returned.
2. You are required by law to provide a street address in item 4 unless the registered office is located in a city with a population of 5,000 or less. The purpose of this requirement is to provide the public with notice of a physical location at which process may be served on the registered agent. A statement submitted with a post office box address or a lock box address will not be filed.
3. An authorized officer of the corporation or financial institution must sign the statement. In the case of a limited liability company, an authorized member or manager of a limited liability company must sign the statement. A general partner must sign the statement on behalf of a limited partnership. A person commits an offense under the Texas Business Corporation Act, the Texas Non-Profit Corporation Act or the Texas Limited Liability Company Act if the person signs a document the person knows is false in any material respect with the intent that the document be delivered to the secretary of state for filing. The offense is a Class A misdemeanor.
4. Please attach the appropriate fee:

Business Corporation	\$15.00
Financial Institution, other than Credit Unions	\$15.00
Financial Institution that is a Credit Union	\$ 5.00
Non-Profit Corporation	\$ 5.00
Limited Liability Company	\$10.00
Limited Partnership	\$50.00

Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Checks or money orders must be payable through a U.S. bank or other financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.
5. Two copies of the form along with the filing fee should be mailed to the address shown in the heading of this form. The delivery address is: Secretary of State, Statutory Filings Division, Corporations Section, James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. We will place one document on record and return a file stamped copy, if a duplicate copy is provided for such purpose. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709.



05-102  
(Rev. 2/02/00)

3333

b. ■

02180230454

Do not write in the space above

a. T Code ■ 13196

**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

c. Taxpayer identification number

1-74-2939018-4

d. Report year

2002

e. PIR / IND ■ 1, 2, 3, 4

Secretary of State file number or, if none,  
Comptroller unchartered numberItem 4 on Franchise  
Tax Report form, Page 1

01561264-00

1

Corporation name and address  
BUTTROSS GROUP II INC  
PO BOX 5396  
AUSTIN TX 78763-5396

The following information MUST be provided for the Secretary of State (S.O.S.) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

\*SECTION A\* MUST BE COMPLETE AND ACCURATE.

If preprinted information is not correct, please type or print the correct information.

*Please sign below!*☐ Blacken this circle completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office

Principal place of business

**SECTION A. Name, title and mailing address of each officer and director. Use additional sheets, if necessary.**

NAME: David A. Buttross Jr.	TITLE: President	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS: P.O. Box 5396 ; Austin, TX 78763				
NAME: David A. Buttross Sr.	TITLE: VP	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS: P.O. Box 5186 ; Austin, TX 78763				
NAME: David A. Buttross Jr.	TITLE: Secretary	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS: P.O. Box 5396 ; Austin, TX 78763				
NAME: David A. Buttross Sr.	TITLE: Treasurer	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS: P.O. Box 5186 ; Austin, TX 78763				
NAME:	TITLE:	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS:				

**SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation. Use additional sheets, if necessary.**

Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest
Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest

**SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company. Use additional sheets, if necessary.**

Name of owning (parent) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest
-------------------------------------	------------------------	--------------------------	---------------------

Registered agent and registered office currently on file. (Changes must be filed separately with the Secretary of State.)

Agent: CHARLES J YOUNG

Office: 4408 SPICEWOOD SPRINGS ROAD  
AUSTIN, TX 78759☐ Blacken this circle if you need forms  
to change this information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation.

Signature of officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
	President	6-19-02	(512) 320-0888

0371741



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
In the Office of the  
Secretary of State of Texas  
JUL 20 2002  
Corporations Section

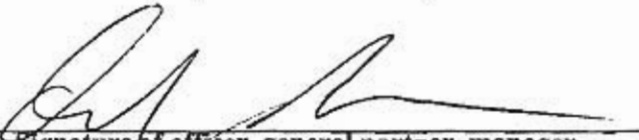
## ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is  
Buttross Group II, Inc.
2. The assumed name under which the business or professional service is or is to be conducted or rendered is  
Buttross Motors
3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is Texas and the address of its registered or similar office in that jurisdiction is  
1400 West Anderson Lane Austin, Texas 78757
4. The period, not to exceed 10 years, during which the assumed name will be used is  
10 Years
5. The entity is a (check one):
  - A.

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Registered Limited Liability Partnership	
  - B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 1400 West Anderson Lane, Austin, Texas 78757  
and the name of its registered agent  
at such address is Charles J. Young  
The address of the principal office (if not the same as the registered office) is  
Same as Registered Office

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is \_\_\_\_\_
- \_\_\_\_\_
- and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is \_\_\_\_\_
- \_\_\_\_\_
- and the office address elsewhere is \_\_\_\_\_
- \_\_\_\_\_
8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")
- Travis County
- \_\_\_\_\_
9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

By

  
Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

**NOTE**

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.



a. T Code ■ 13196

TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

Corporation name and address

BUTTROSS GROUP II INC  
PO BOX 5396  
AUSTIN TX 78763-5396

c. Taxpayer identification number

1-74-2939018-4

d. Report year

2003

e. PIR / IND ■ 1, 2, 3, 4

Secretary of State file number or, if none,  
Comptroller unchartered numberItem k on Franchise  
Tax Report form, Page 1

01561264-00

1

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

If the preprinted information is not correct, please type or print the correct information.

*Please sign below!*☐ Blacken this circle completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office	1400 W. Anderson Ln; Austin, TX 78757
Principal place of business	1400 W. Anderson Ln; Austin, TX 78757

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

NAME DAVID A BUTTROSS JR	TITLE PRESIDENT	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763				
NAME DAVID A BUTTROSS SR	TITLE VICE PRESI	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763				
NAME DAVID A BUTTROSS JR	TITLE SECRETARY	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763				
NAME DAVID A BUTTROSS SR	TITLE TREASURER	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763				
NAME DAVID A BUTTROSS JR	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763				

## SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage interest

## SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage interest
-------------------------------------	------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: CHARLES J YOUNG  
Address: 1400 WEST ANDERSON LANE  
AUSTIN, TX 78757☐ Blacken this circle if you need forms to change this information.

Signature of Officer, director, or other authorized person <i>[Signature]</i>	Title President	Date 9-29-03	Daytime phone (Area code and number) (512) 320-0888
--	--------------------	-----------------	--



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
In the Office of the  
Secretary of State of Texas  
DEC 17 2003  
Corporations Section

### CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the entity is Buttross Group II Inc.  
and the file number issued to the entity by the secretary of state is 01561264
2. The entity is: (Check one.)
  - ☒ a *business corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, as provided by the Texas Business Corporation Act.
  - ☐ a *non-profit corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act.
  - ☐ a *limited liability company*, which has authorized the changes indicated below through its members or managers, as provided by the Texas Limited Liability Company Act.
  - ☐ a *limited partnership*, which has authorized the changes indicated below through its partners, as provided by the Texas Revised Limited Partnership Act.
  - ☐ an *out-of-state financial institution*, which has authorized the changes indicated below in the manner provided under the laws governing its formation.
3. The registered office address as PRESENTLY shown in the records of the Texas secretary of state is 1400 West Anderson lane, Austin, Tx 78757
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)  
408 West 18th St Austin, TX 78701  
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is Charles J. Young
6. ☒ A. The name of the NEW registered agent is Albert J. Heinrich, Attorney  
OR ☐ B. The registered agent will not change.



7. Following the changes shown above, the address of the registered office and the address of the office of the registered agent will continue to be identical, as required by law.

By: \_\_\_\_\_

(A person authorized to sign  
on behalf of the entity)

### INSTRUCTIONS

1. It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to [corpinfo@sos.state.tx.us](mailto:corpinfo@sos.state.tx.us). As information on out-of-state financial institutions is maintained on a separate database, a financial institution must call (512) 463-5701 to verify registered agent and registered office information. If the information on the form is inconsistent with the records of this office, the statement will be returned.
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Business Corporation	\$15.00
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Non-Profit Corporation	\$ 5.00
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Limited Partnership	\$50.00

Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Checks or money orders must be payable through a U.S. bank or other financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.
5. Two copies of the form along with the filing fee should be mailed to the address shown in the heading of this form. The delivery address is: Secretary of State, Statutory Filings Division, Corporations Section, James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. We will place one document on record and return a file stamped copy, if a duplicate copy is provided for such purpose. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709.



05-102  
(9-04/23)

3333

b. ■

05188430266 0003

Do not write in the space above

a. T Code ■ 13196

This report MUST be filed to  
satisfy franchise tax requirements

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number

1-74-2939018-4

d. Report year

2005

e. PIR / IND

1 4

Secretary of State file number or, if none,  
Comptroller unchartered numberItem k on Franchise  
Tax Report, Form 05-142

g. ■ 0156126400



Corporation name and address



BUTTROSS GROUP II INC

PO BOX 5396

AUSTIN TX 78763-5396

If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or  
limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for  
Sections A, B, and C, if necessary. The information will be available for public inspection.Blacken this circle completely if there are currently no changes to the information preprinted in  
Section A of this report. Then, complete Sections B and C.

Corporation's principal office

1905 N Lamar #200; Austin, TX 78705

Principal place of business

1905 N Lamar #200; Austin, TX 78705

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

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS JR	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS JR	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS SR	VICE PRESI	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
DAVID A BUTTROSS SR	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
DAVID A BUTTROSS JR	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			

## SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage interest

## SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage interest
-------------------------------------	------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: ALBERT J HEINRICH

C/O: 408 WEST 18TH ST

AUSTIN, TX 78701

☐ Blacken this circle if you need forms to change this  
information. Changes can also be made on-line at  
<http://www.sos.state.tx.us/corp/sosda/index.shtml>I certify that the information in this report 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 provided to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation.

Signature of officer, director, or other authorized person	Date	Daytime phone (Area code and number)
	6-29-2005	(512) 320-0888

0272325



05-102  
(12-05/25)

3333

b. ■

a. T Code ■ 13196

This report **MUST** be filed to  
satisfy franchise tax requirements

Do not write in the space above

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number

1-74-2939018-4

d. Report year

2006

Corporation name and address

BUTTROSS GROUP II INC  
PO BOX 5396  
AUSTIN TX 78763-5396GSCH461  
9030

e. PIR / IND

1 4

Secretary of State file number or, if none,  
Comptroller unchartered numberItem k on Franchise  
Tax Report, Form 05-142

0156126400

Please mark through any incorrect information, and type or print the correct information.

The following information **MUST** be provided for the Secretary of State (SOS) by each corporation or  
limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for  
Sections A, B, and C, if necessary. The information will be available for public inspection.Blacken this circle completely if there are currently no changes to the information preprinted in  
Section A of this report. Then, complete Sections B and C.

Corporation's principal office

Principal place of business

Please sign below!

Officer and director 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 and directors change  
throughout the year.

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

NAME DAVID A BUTTROSS JR	TITLE PRESIDENT	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
NAME DAVID A BUTTROSS JR	TITLE SECRETARY	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
NAME DAVID A BUTTROSS SR	TITLE VICE PRESI	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			
NAME DAVID A BUTTROSS SR	TITLE TREASURER	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			
NAME DAVID A BUTTROSS JR	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			

## SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest

## SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
--	----------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

ALBERT J HEINRICH  
408 WEST 18TH ST  
AUSTIN, TX 78701Blacken this circle if you need forms to change this  
information. Changes can also be made on-line at  
<http://www.sos.state.tx.us/corp/sosda/index.shtml>

I certify 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 filed to each person named in this report who is an officer or director, or is currently employed by this, or a related, corporation or limited liability company.	Officer, director, or other authorized person	Date	Daytime phone (Area code and number)
	<i>Albert J Heinrich</i>	11-27-06	512 320-0888

0000121

Form 401  
(Revised 01/06)  
Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
Filing Fee: See instructions



Statement of Change of  
Registered Office/Agent

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas  
MAR 14 2007  
Corporations Section

Entity Information

The name of the entity is:

Buttross Group II, Inc.

State the name of the entity as currently shown in the records of the secretary of state.

The file number issued to the filing entity by the secretary of state is: 156126400

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are: Albert J. Heinrich, Attorney

408 West 18th., Austin, TX 78701

Change to Registered Agent/Registered Office

The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

☐ A. The new registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The new registered agent is an individual resident of the state whose name is:

First Name Middle Last Name Suffix

Registered Office Change

☒ C. The business address of the registered agent and the registered office address is changed to:

7901 Cameron Rd. Bldg. 3 Suite #100

Austin

TX

78754

Street Address (No P.O. Box)

City

State

Zip Code

The street address of the registered office stated in this instrument is the same as the registered

RECEIVED

MAR 14 2007  
Secretary of State

agent's business address.

### Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

### Effectiveness of Filing (Select either A, B, or C.)

A. ☐ This document becomes effective when the document is filed by the secretary of state.  
B. ☒ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: March 14th, 2007

C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

### Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: March 14th, 2007

A handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line, is written over a horizontal line.

Signature and title of authorized person (see instructions)

**Form 503**  
**(Revised 01/06)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
Filing Fee: \$25



**Assumed Name Certificate**

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas

FEB 15 2008

**Corporations Section**

**Assumed Name**

The assumed name under which the business or professional service is, or is to be, conducted or rendered is: BAM

**Entity Information**

The name of the entity filing the assumed name is:

Buttross Group II, Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its certificate of formation, if not filed with the secretary of state.

The filing entity is a: (Select the appropriate entity type below.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation             | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association           | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Limited Partnership                    |
| <input type="checkbox"/> Other                             |   |

Specify type of entity if there is a reason why applicable.

The file number, if any, issued to the filing entity by the secretary of state is: 01561264

The state, country, or other jurisdiction of formation is: Texas

The registered or similar office of the entity in the jurisdiction of formation is:

7901 Cameron Road, Building 3, Suite 100, Austin, Texas 78754

☒ The entity is required to maintain a registered office and agent in Texas. The address of its registered office in Texas and the name of the registered agent at such address is:  
Albert J. Heinrich, Jr.

7901 Cameron Road, Building 3, Suite 100, Austin, Texas 78754  
The address of the principal office of the entity (if not the same as the registered office) is:

7901 Cameron Road, Building 3, Suite 100, Austin, Texas 78754

☐ The entity is not required to maintain a registered office and agent in Texas. Its office address in

RECEIVED

FEB 15 2008

Secretary of State

in Texas is: \_\_\_\_\_

☐ The entity is not incorporated, organized or associated under the laws of Texas. The address of the principal place of business in this state is: \_\_\_\_\_

The office address of the entity is: \_\_\_\_\_

#### Period of Duration

☒ The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

☐ The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).

mm/dd/yyyy

#### County or Counties in which Assumed Name Used

The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: \_\_\_\_\_

☐ Only the following counties: \_\_\_\_\_

#### Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: February 14, 2008



David A. Buttross, President

Signature and title of authorized person(s) (see instructions)

00001924580

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 1-08/28)

Tcode 13196

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

Report year

1 7 4 2 9 3 9 0 1 8 4 2 0 0 8

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name  
BUTTROSS GROUP II INCMailing address  
PO BOX 5396City  
AUSTINState  
TXZIP Code  
78763Plus 4  
5396Secretary of State file number or  
Comptroller file number

0156126400

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

Please sign below!

Officer, director and member 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 members change throughout the year.



1742939018408

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

Name	Title
DAVID A BUTTROSS	PRESIDENT
Mailing address PO BOX 5396	City AUSTIN
Name	Title
DAVID A BUTTROSS SR	TREASURER
Mailing address PO BOX 5186	City AUSTIN
Name	Title
DAVID A BUTTROSS JR	DIRECTOR
Mailing address PO BOX 5396	City AUSTIN
Name	Title
DAVID A BUTTROSS JR	SECRETARY
Mailing address PO BOX 5396	City AUSTIN

Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		78763			
Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		78763			
Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		78763			
Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		78763			

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) 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 ten percent (10%) or more in this reporting 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
---	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ALBERT J HEINRICH

Office: 7901 CAMERON RD., BLDG. 3, STE 100

City  
AUSTIN

Blacken circle if you need forms to change the registered agent or registered office information.

State  
TXZIP Code  
78754

The above information is provided for the 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 member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign  
Date

PRESIDENT

Date

Area code and phone number  
(512) 320-0888

VE/DE

☐

PIR IND

☐

00001924580



00001924580

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation  
of Public  
Accounts  
Form

05-102

(Rev. 1-08/28)

Tcode 13196

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

Report year

1 7 4 2 9 3 9 0 1 8 4 2 0 0 8

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name  
BUTTROSS GROUP II INCMailing address  
PO BOX 5396City  
AUSTINState  
TXZIP Code  
78763Plus 4  
5396Secretary of State file number or  
Comptroller file number

0156126400

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entry's principal office

Principal place of business

*Please sign below!*

Officer, director and member 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 members change throughout the year.



1742939018408

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

Name

Title

DAVID A BUTTROSS JR

PRESIDENT

Mailing address  
PO BOX 5396City  
AUSTIN

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Director

☐ YESTerm  
expiration

m m d d y y

State

TX

ZIP code  
78763

Director

☐ YESTerm  
expiration

m m d d y y

State

ZIP code

Director

☐ YESTerm  
expiration

m m d d y y

State

ZIP code

Director

☐ YESTerm  
expiration

m m d d y y

State

ZIP code

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) 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 ten percent (10%) or more in this reporting 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

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ALBERT J HENRICH

Office: 7901 CAMERON RD., BLDG. 3, STE 100

City  
AUSTINState  
TXZIP Code  
78754

This office has updated the information in 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 changes, 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 provided to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Signature

PRESIDENT

Date

Area code and phone number  
(512) 320 - 0888

VE/DE

☐

PIR IND

☐

00001924580



Computer  
of Public  
Accounting  
FORM

05-102

(Rev. 1-08/28)

■ Tcode 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCs))

This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number

1 7 4 2 9 3 9 0 1 8 4 2 0 0 9

■ Report year

Taxpayer name  
**BUTTROSS GROUP II, INC.**

Mailing address  
**PO BOX 5396**

City  
**AUSTIN**

State  
**TX**

ZIP Code  
**78763**

Plus 4  
**5396**

Secretary of State file number or  
Comptroller file number

**0156126400**

● Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

*Please sign below!*

Officer, director and member 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 members change throughout the year.



1742939018409

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

Name

Title

**DAVID A BUTTROSS**

**PRESIDENT**

Mailing address  
**PO BOX 5396**

City  
**AUSTIN**

Name

Title

**DAVID A BUTTROSS SR**

**TREASURER**

Mailing address  
**PO BOX 5396**

City  
**AUSTIN**

Name

Title

**DAVID A BUTTROSS JR**

**DIRECTOR**

Mailing address  
**PO BOX 5396**

City  
**AUSTIN**

Name

Title

**DAVID A BUTTROSS JR**

**SECRETARY**

Mailing address  
**PO BOX 5396**

City  
**AUSTIN**

Director

YES

Term expiration  
m m d d y y

State  
**TX**

ZIP code  
**78763**

Director

YES

Term expiration  
m m d d y y

State  
**TX**

ZIP code  
**78763**

Director

YES

Term expiration  
m m d d y y

State  
**TX**

ZIP code  
**78763**

Director

YES

Term expiration  
m m d d y y

State  
**TX**

ZIP code  
**78763**

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) 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 ten percent (10%) or more in this reporting 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

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent **ALBERT J HEINRICH**

Office **7001 CAMERON RD., BLDG. 3, STE 100**

City  
**AUSTIN**

State  
**TX**

ZIP Code  
**78754**

This franchise information is printed on Form 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 B, C, and D 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 member and who is not currently employed by this, or a related, corporation or limited liability company.

Signature

Date  
**10/30/2009**

Area code and phone number  
**(512) 320-0888**

VE/DE

PIR IND

PIR IND

PIR IND

PIR IND







Comptroller  
of Public  
Accounts  
T-0004

05-102

(Rev. 1-08/28)

■ Tcode 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCs))

This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number

1 7 4 2 9 3 9 0 1 8 4 2 0 0 9

■ 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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name  
BUTTROSS GROUP II, INC.

Mailing address  
PO BOX 5396

City  
AUSTIN

State  
TX

ZIP Code  
78763

Plus 4  
5396

Secretary of State file number or  
Comptroller file number

0156126400

● Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

*Please sign below!*

Officer, director and member information is required 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 members change throughout the year.



1742939018409

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

Name Title  
DAVID A BUTTROSS JR PRESIDENT

Mailing address City  
PO BOX 5396 AUSTIN

Name Title

Mailing address City

Name Title

Mailing address City

Name Title

Mailing address City

Director Term  
○ YES expiration m m d d y y

State  
TX

ZIP code  
78763

Director Term  
○ YES expiration m m d d y y

State

ZIP code

Director Term  
○ YES expiration m m d d y y

State

ZIP code

Director Term  
○ YES expiration m m d d y y

State

ZIP code

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) 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 ten percent (10%) or more in this reporting 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
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: ALBERT J HEINRICH

Office: 7001 CAMERON RD, BLDG. 3, STE 100

City  
AUSTIN

State  
TX

ZIP Code  
78754

The above information is required under 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 B, C, and D, if necessary. Information will be available for public review.

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 member and who is currently employed by this, or a related, corporation or limited liability company.

sign  
here

Date  
10/30/2009

Area code and phone number  
(512) 320 - 0888

Information is for public use only

VE/DE

PIR IND

