

[Business Organizations](#) | [Trademarks](#) | [Help/Fees](#) |**BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

Filing Number: 133926700 **Entity Type:** Domestic For-Profit Corporation
Original Date of Filing: December 29, 1994 **Entity Status:** In existence
Formation Date: N/A
Tax ID: 17427567932 **FEIN:**
Duration: Perpetual
Name: THE BUTTROSS GROUP, 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>
Name	Address	Inactive Date			
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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BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 133926700 **Entity Type:** Domestic For-Profit Corporation

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Name: THE BUTTROSS GROUP, 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>
Last Update	Name	Title	Address		
December 16, 2003	DAVID A BUTTROSS	C	PO BOX 5186 Austin, TX 78763 USA		
December 16, 2003	DAVID A BUTTROSS	PRESIDENT	PO BOX 5186 Austin, TX 78763 USA		
December 16, 2003	DAVID A BUTTROSS	SECRETARY	PO BOX 5186 Austin, TX 78763 USA		
December 16, 2003	DAVID A BUTTROSS	TREASURER	PO BOX 5186 Austin, TX 78763 USA		
December 16, 2003	JAY MARIE C BUTTROSS	VICE PRESIDENT	PO BOX 5186 Austin, TX 78763 USA		

[Return to Search](#)

Instructions:

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



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

AUG 30 2002

Corporations Section

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the entity is The Buttross Group Inc
and the file number issued to the entity by the secretary of state is 0133926700
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 4318 Sendero Drive; Austin, TX 78735
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.)
1719 Enfield Road; Austin, TX 78703
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 David Buttross
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. 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.



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

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

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2. The entity is: (Check one.)
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 - ☐ 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 1719 Enfield Road; Austin, Texas 78703
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 David Buttross
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. 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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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.

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021842-21278

a. T Code 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

Do not write in the space above

c. Taxpayer identification number

1-74-2756793-2

d. Report year

2002

e. PIR / IND 1, 2, 3, 4

Secretary of State file number or, if none,
Comptroller unchartered number

g.

Item k on Franchise
Tax Report form, Page 1

01339267-00

5

Corporate name and address

THE BUTTROSS GROUP 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	TITLE C	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			Expiration date (mm-dd-yyyy)
NAME DAVID A BUTTROSS	TITLE P/S/T	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			Expiration date (mm-dd-yyyy)
NAME JAY MARIE C BUTTROSS	TITLE VP	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			Expiration date (mm-dd-yyyy)
NAME REGINA M BUTTROSS	TITLE VP	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			Expiration date (mm-dd-yyyy)
NAME DAVID A#11 BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS PO BOX 5186 AUSTIN, TX 78763			Expiration date (mm-dd-yyyy)

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: DAVID A BUTTROSS
Office: 4318 SENDERO DR.
AUSTIN, TX 78735

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.

sign here Office, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
-----------------------------------------------------------	-------	------	--------------------------------------

0371713

05-102
(Rev. 2-03/2)

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b. ■

03274161428

Do not write in the space above

a. T Code ■ 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

Corporation name and address

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

c. Taxpayer identification number

1-74-2756793-2

d. Report year

2003

e. PIR / IND ■ 1, 2, 3, 4

Secretary of State file number or, if none,
Comptroller unchartered number

g. ■

Item k on Franchise
Tax Report form, Page 1

01339267-00

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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 Lane ; Austin, TX 78757			
Principal place of business			
1400 W. Anderson Lane ; Austin, TX 78757			
SECTION A. Name, title, and mailing address of each officer and director.			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID A BUTTROSS	C	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID A BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
JAY MARIE C BUTTROSS	VICE PRESI	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5186 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: DAVID A BUTTROSS
Office: 1400 WEST ANDERSON LANE
AUSTIN, TX 78757

☐ 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.

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	9-29-03	512-320-0888

0392424



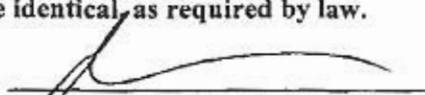
Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697

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 Inc
and the file number issued to the entity by the secretary of state is 0133926700
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.
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 - ☐ 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 David Buttross
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. 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.
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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.

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05-102
(P 04/23)

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b. ■

05187421009 0002

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

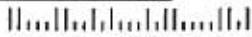
c. Taxpayer identification number

1-74-2756793-2

d. Report year

2005

Corporation name and address

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

e. PIR / IND

1 4

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

0133926700

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.

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.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	C	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
DAVID A BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 AUSTIN, TX 78763			
JAY MARIE C BUTTROSS	VICE PRESI	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5186 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
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
Office: 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 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 or director and who is not currently employed by this corporation or limited liability company or a related corporation.			
sign here	Office, director, or other authorized person	Title	Date
		President	6-29-05
		Daytime phone (Area code and number)	(512) 320-0888

0272304

05-102
(12-05/25)

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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

Corporation name and address

THE BUTTROSS GROUP INC
PO BOX 5396
AUSTIN TX 78763-5396GSCH461
9030c. Taxpayer identification number
1-74-2756793-2d. Report year
2006e. PIR / IND ☒ 1 ☐ 4Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise Tax Report, Form 05-142
g. ■ 0133926700

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	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	C	<input type="checkbox"/> YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
JAY MARIE C BUTTROSS	VICE PRES	<input type="checkbox"/> YES	
MAILING ADDRESS			
PO BOX 5186 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.)

Agent: ALBERT J HEINRICH
Office: 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 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 or director and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		Manager	11-21-06	512 320,0977

0000115

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:

The Buttross Group, 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: 133926700The registered agent and registered office of the entity as currently shown on the records of the secretary of state are: Albert J. Heinrich, Attorney408 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**M.I.**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 #100AustinTX78754*Street Address (No P.O. Box)**City**State**Zip Code*

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

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)

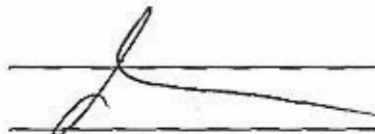
- A. ☐ This document becomes effective when the document is filed by the secretary of state.
- B. ☒ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: March 14th, 2007
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th 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 is written over two horizontal lines. The signature is stylized, starting with a large loop and ending with a long, sweeping horizontal stroke.

Signature and title of authorized person (see instructions)



05-102
(Rev. 1-08/28)
Code 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

Report year

1 7 4 2 7 5 6 7 9 3 2 2 0 0 9

Taxpayer name
THE BUTTROSS GROUP 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

0133926700

☒ 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.



1742756793209

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

Name

Title

DAVID A BUTTROSS

PRESIDENT

Mailing address
PO BOX 5186

City
AUSTIN

Name

Title

DAVID A BUTTROSS

SECRETARY

Mailing address
PO BOX 5186

City
AUSTIN

Name

Title

DAVID A BUTTROSS

TREASURER

Mailing address
PO BOX 5186

City
AUSTIN

Name

Title

JAY MARIE C BUTTROSS

VICE PRES

Mailing address
PO BOX 5186

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**

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

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

City
AUSTIN

State
TX

ZIP Code
78754

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

sign
here

Title

Date

10/30/2009

Area code and phone number

(512) 320-0888

VE/DE

☐

PIR IND

☐





Computer
of Public
Accounts
FC00A

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

■ Report year

1 7 4 2 7 5 6 7 9 3 2 2 0 0 9

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
THE BUTTROSS GROUP 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

0133926700

● 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.



1742756793209

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

Name	Title
DAVID A BUTTROSS	C
Mailing address	City
PO BOX 5186	AUSTIN
Name	Title
Mailing address	City
Name	Title
Mailing address	City
Name	Title
Mailing address	City

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

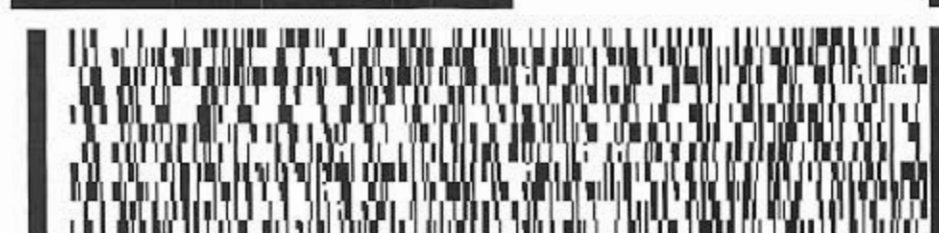
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See instructions if you need to make changes)			
Agent: ALBERT J HEINRICH			
Office: 7901 CAMERON RD., BLDG. 3, STE 100	City AUSTIN	State TX	ZIP Code 78754

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 member 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
		10/30/2009	(512) 320 - 0888

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS



VE/DE ☐ PIR IND ☐

