as Secretary of State Blope Andrade

Business Organizations | Trademarks | Help/Fees |

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY 133926700

Domestic For-Profit Corporation

Original Date of Filing: December 29, 1994 Entity Status: In existence

Formation Date: N/A

Filing Number:

17427567932 Tax ID:

FEIN:

Entity Type:

Duration: Perpetual

THE BUTTROSS GROUP, INC. Name:

Address: PO BOX 5396

Austin, TX 78763-5396 USA

REGISTERED FILING ASSUMED ASSOCIATED **ENTITIES** AGENT HISTORY NAMES MANAGEMENT NAMES

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.

kas Secretary of State Hope Andrade

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:

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In existence

N/A

Tax ID:

17427567932

FEIN:

Duration:

Perpetual

Name:

THE BUTTROSS GROUP, INC.

Address:

PO BOX 5396

Austin, TX 78763-5396 USA

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGEME	ENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Last Update	Name	Tit	le	Addr	ess	
December 16, 2003	DAVID A BUTTR	ROSS C		107	OX 5186 1, TX 78763 U	JSA
December 16, 2003	DAVID A BUTTR	ROSS PR	ESIDENT		OX 5186 1, TX 78763 U	JSA
December 16, 2003	DAVID A BUTTR	ROSS SE	CRETARY		OX 5186 n, TX 78763 U	JSA
December 16, 2003	DAVID A BUTTR	ROSS TR	EASURER		OX 5186 n, TX 78763 U	JSA
December 16, 2003	JAY MARIE C BUTTROSS	VIO PR	CE ESIDENT		OX 5186 n, TX 78763 U	JSA

Return to Search

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 3 0 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.

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.

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

INSTRUCTIONS

- 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 <u>corpinfo@sos.state.tx.us</u>. 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.
- 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.
- 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 2 1 2002

Corporations Section

	CHANGE OF REGISTERED AGENT/REGISTERED OFFICE
	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
	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.
	The registered office address as PRESENTLY shown in the records of the Texas
	secretary of state is 1719 Enfield Road; Austin, Texas 78703
	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
R	B. The registered office address will not change.
•	The name of the registered agent as PRESENTLY shown in the records of the Texas
	secretary of state is David Buttross
	A. The name of the NEW registered agent is
OR	B. The registered agent will not change.

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

- 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 <u>corpinfo@sos.state.tx.us</u>. 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.
- 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.
- 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.

(Rev 2-32/20)	3333	ь =		021842 21278
1710/	7.5		Do not write in the	
a. 1 Gode =		c Taxpaver ide	entification number	d. Report year
PUBLIC INFORMATION REPORT		201203	-2756793-2	■ 2002
MUST be filed with your Corporation Franchise Tax Report	591		e.PIR/IND ■	1, 2, 3, 4
THE BUTTROSS GROUP INC			Secretary of S	tate file number or, it none.
PO BOX 5396 AUSTIN	x 78763-539	6	Comptrolle	g. III
	. 1010, 555		Item k on Franchise Tax Report form, Page	, 01339267-00 5
The following information MUST be provided for the Secretary of company that files a Texas Corporation Franchise Tax Report,		will be available for public i	nspection.	
SECTION A" MUST BE COMPLETE AND ACCURATE. If preprinted information is not correct, please type or print the	correct information	Please sign	helow!	
→ Blacken this circle completely if there are currently no cha	inges to the inform	nation preprinted in Section	ns A. B. and C of this r	report.
Corporation's principal office				
Principal place of business				,
SECTION A. Name, title and mailing address of each officer a	and director. Use			and Security No. (Ontropol)
DAVID A BUTTROSS		C	YES YES	ocial Security No. (Optional)
MAILING ADDRESS	22.400	10	1 100	Expiration date (mm-dd-vyv)
PO BOX 5186 AUSTIN, TX 787	763	TITLE	DIRECTOR S	ocial Security No. (Optional)
DAVID A BUTTROSS		P/S/T	YES	Expiration date (mm-dd-yyy)
PO BOX 5186 AUSTIN, TX 787	763			1
JAY MARIE C BUTTROSS		VP	PIRECTOR: Se	ocial Security No. (Optional)
MAILING ADORESS		IVP	11 1120	Expiration date (mm-dd-yyy
PO BOX 5186 AUSTIN, TX 787	763	TITLE	DIRECTOR ! Se	ocial Security No. (Optional)
REGINA M BUTTROSS		VP	YES	
PO BOX 5186 AUSTIN, TX 78	763			Expiration date (mm-dd-yyy)
NAME:	103	TITLE	DIRECTOR Se	ocial Security No. (Optional)
DAVID A#II BUTTROSS MALING ADDRESS:		DIRECTOR	X YES	Expiration date (nim-dd-yyy
PO BOX 5186 AUSTIN, TX 78	763			
ECTION B. List each corporation or limited liability company percent (10%) or more. Enter the information re				
Name of owned (subsidiary) corporation	.400100 101 0201	State of incorporation	Texas S.O.S, file num	
Name of owned (subsidiary) corporation		State of incorporation	Texas S.O.S. file num	bes Percentage Interest
SECTION C. List each corporation or limited liability company	y, if any, that owns	an interest of ten percent	(10%) or more in this	reporting corporation or limite
liability company. Enter the information request Name of owning (parent) corporation	ed for each corpo	State of incorporation	Texas S O S. file num	
Registered agent and registered office currently on file. (Changes must	he filed sens atoly	with the Secretary of State !		
Agent: DAVID A BUTTROSS		and and an order		
Office: 4318 SENDERO DR.			_ N	aliate disease and decree
AUSTIN, TX 78735				circle if you need forms s information.
I declare that the information in this document and any attachments is to person named in this reposit who is an officer or director and who is not	rue and correct to the	e best of my knowledge and be by this corporation or limited ha	eket and that a copy of the	is report has been mailed to each discorporation.
Officer, director, or other authorized person	Title	Date Date		time phone (Area code and numb
sign	2000	i		

4		010		Chinamata	
05-10½ (Rev.2-03:2*)	3333	ь. ■	-		161428
TEXAS FRANCHISE TAX		C Town	Do not write	in the space	
PUBLIC INFORMATION REPORT MUST be filed to satisfy tranchise tax requirements Corporation name and	eddross		1-74-2756793-	2	d. Report year 2003
Hadlaldaddhalladdadddalladadladadl			e. PIR / IND	1, 2,	3, 4
ONI QUOND ZEONTTUB BHT			1 mm (100)		number or, if none. autered number
APEZ-E4787 XT MITZUA			Item k on Franch Tax Report form,		1339267-00 5
The following information MUST be provided for the Secret company that files a Texas Corporation Frenchise Tax Rep The information will be available for public inspection. -t5.	ort. Use additional s	heets for Sections A.	B, and C, if necessary.		
If the preprinted information is not correct, please type or pr	nat the correct inform	nation. Please st	gn vecow!		
O Blacken this circle completely if there are currently no	changes to the infor	mation preprinted in S	ections A, B, and C of	this report	
Corporation's principal office	derson L	ane ; Au	ustin, TX	787	57
Principal place of business 1400 W. A	nderson	Lane ; A	ustin, TX	787	57
SECTION A. Name, title, and mailing address of each offi	icer and director.	TITLE	DIRECTO	9 I Social S	ecurity No. (Optional)
DAVID A BUTTROSS		i C	YES	3	erm expiration(mm-ad-yyyy)
PO BOX 5186 AUSTIN, TX	78763	TITLE	I DIRECTO	P Social S	ecurity No. (Optional)
DAVID A BUTTROSS		PRESI		3	orm expiration(mm-da-yyyy)
PO BOX 5186 AUSTIN, TX	78763				rm expiration(/////-00-yyyy)
NAME	10102	TITLE		-	ecurity No. (Optional)
DAVID A BUTTROSS MALLING ADDRESS		SECRE	TARY YES		erm expiration(mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX	78763	TITLE	DIRECTO	R Social S	ecurity No. (Optional)
DAVID A BUTTROSS		TREAS	URER YES		
PO BOX 5186 AUSTIN, TX	78762			T	erm expiration(mm-dd-yyyy)
NAME:	70703	TITLE	DIRECTO	R Social S	ecurity No. (Optional)
JAY MARIE C BUTTROSS MALING ADDRESS:	7417	VICE	PRESI YES		erm expiration(mm-dd-yyyy)
PO BOX 5186 AUSTIN, TX	78763				
SECTION B. List each corporation or limited liability compercent (10%) or more. Enter the information	pany, if any, in which on requested for eac	this reporting corpora	ation or limited liability of d liability company.	company o	wns an interest of ten
Name of owned (subsidiary) corporation		State of incorporation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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. Enter the information requ	pany, if any, that own	ns an interest of ten pe	ercent (10%) or more i	n this repor	ting corporation or limited
Name of owning (parent) corporation		State of incorporation		number	Percentage Interest
Registered agent and registered office currently on file. (See instru-	clions if you need to ma	ke changes.)			26 80 - E
Agent DAVID A BUTTROSS Office: 1400 WEST ANDERSON LANE			X-12-	Andrew Co.	
AUSTIN, TX 78757				this circle ge this info	if you need forms mation.
I declare that the information in this document and any attechments person named in the report who is an officer or director and who is	s is true and correct to t	he best of my knowledge t by this corporation or kn	and belief and that a cop	y of this repo	t has been mailed to each oration.
sign Officer, director, or other authorized person	Title .	Date	A BOUT OF BO	Daytime ph	ione (Area code and number,
here	Presid	lent 9	-29-03	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 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 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.

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 <u>corpinfo@sos.state.tx.us</u>. 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.
- 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.
- 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.

Form No. 401 Revised 9/99

Do not write in the space above

a. T Code = 13196

This report MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number

d. Report year 2005

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

FORMATION REPORT 1-74-2756793-2

1 1 8 4

e.PIR/IND

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

—

Item k on Franchise Tax Report, Form 05-142 0133926700

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

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PO BOX 5396

THE BUTTROSS GROUP INC

APEZ-E4787 XT NITZUA

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.

Corporation name and address

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.			below! Officer and directo	
Corporation's principal office 1905 N Lamar # 200, Austin TX 7870		the date	information is reported a Public Information Report is information is updated annually	
Principal place of business 1905 N Lawar #200, Austin, TX 7870		of the fi ment or p ation as	ranchise tax report. There is no procedure for supplementing the officers and directors change	
SECTION A. Name, title, and mailing address of each officer and director.	through	rout the ye	ear.	
[NAME]		100.00	Term expiration (mm-dd-yyyy)	
DAVID A BUTTROSS C		YES		
PO BOX 5186 AUSTIN, TX. 78763	185	RECTOR	Term expiration (mm-dd-yyyy)	
	4		Term expiration (////////////////////////////////////	
DAVID A BUTTROSS PRESI	DENI	YES	L	
PO BOX 5186 AUSTIN, TX 78763	Ten	DECTOR	Term expiration (mm-dd-yyyy)	
	1900000000	_	Term expiration (minred-yyyy)	
DAVID A BUTTROSS SECRE	TART .	YES		
PO BOX 5186 AUSTIN, TX 78763	13			
NAME NAME	l ND	RECTOR	Term expiration (mm-dd-yyyy)	
DAVID A BUTTROSS TREAS		YES	Term aspiration (//m/- ou-yyyy)	
MAILING ADDRESS	UKEK	YES	L	
PO BOX 5186 AUSTIN, TX 78763				
NAME NAME	180	RECTOR	Term expiration (mm-dd-yyyy)	
				
MAIDING ADDRESS	PRESI	YES		
PO BOX 5186 AUSTIN, TX 78763	18			
	CZCCA-CCC (APPENDIX A			
SECTION B. List each corporation or limited liability company, if any, in which this reporting corpora percent (10%) or more. Enter the information requested for each corporation or limited.	ation or limited I d liability comp	iability cor any.	mpany owns an interest of ten	
Name of owned (subsidiary) corporation State of incorporation	Texas SOS	tile numbe	Percentage Interest	
Name of owned (subsidiary) corporation State of incorporation	Texas SOS	file numbe	Percentage Interest	
SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten pe liability company. Enter the information requested for each corporation or limited liabil	ercent (10%) or lity company.	more in t	his reporting corporation or limited	

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 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 glerson named in this report who is an officer or director and who is not currently employed by this corporation? Ilmited liability company or a related corporation.

-1	C71111
sign h	
Secret P	
here /	-
	-

rector, or other authorized person

President

6-29-05

Daytime phone (Area code and number)

₩ =	05-102 (12-05/25)		
a. T Code		13196	

3333

Do not write in the space above

This report MUST be filed to	Do not write in
	c. Taxpayer identification number
ORMATION REPORT	1-74-2756793-2

d. Report year 2006

4

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0 U

A

(0)

(1)

TEXAS FRANCHISE TAX PUBLIC INFORMATIO

Corporation name and address

THE BUTTROSS GROUP INC PO BOX 5396 APEZ-E4785 XT NITZUA



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

g. . item k on Franchise Tax Report, Form 05-142

e. PIR / IND

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.

Corporation's principal office		as of	the date	officer and director a Public Information is reported a Public Information Report is information is updated annually
Principal place of business		as par require	t of the f	ranchise tax report. There is no procedure for supplementing the officers and directors change
SECTION A. Name, title, and mailing address of each officer and director			nout the y	
NAME	TITLE	D	RECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	C		YES	
PO BOX 5186 AUSTIN, TX 78763				
NAME	TITLE	0.0	DECTAB	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	PRESIDE			Term expiration (/////-bb-yyyy)
MAILING ADDRESS	PRESIDE	14.1	YES	
PO BOX 5186 AUSTIN, TX 78763				
NAME	THILE	D	RECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	SECRETA	RY [YES	
MAIDING ADDRESS			1.00	
PO BOX 5186 AUSTIN, TX 78763				
NAME	TITLE	D	RECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	TREASUR	ER [YES	0.0
MAIUNG ADDRESS			1.123	
PO BOX 5186 AUSTIN, TX 78763				
NAME	TITLE	D	RECTOR	Term expiration (mm-dd-yyyy)
JAY MARIE C BUTTROSS	VICE PR	ESI T	YES	
MAILING ADDRESS				
PO BOX 5186 AUSTIN, TX 78763				
SECTION B. List each corporation or limited liability company, if any, in percent (10%) or more. Enter the information requested to				mpany owns an interest of ten

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 a ALBERT J HEINRICH Agent: 408 WEST 18TH ST Office: AUSTIN, TX 78701	need to make changes.)	Blacken this circle if you r information. Changes can http://www.sos.state.tx.c	need forms to change this n also be made on-line at 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.

or other authorized person sign here

Monrger

21-06

Daytime phone (Area code and number) 519 320,0991

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

FAX: 512/463-5709 Filing Fee: See instructions



Statement of Change of Registered Office/Agent

This space reserved for office use.

In the Office of the Secretary of State of Texas

MAR 1 4 2007

Corporations Section

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: 133	926700	
The registered agent and registered office of secretary of state are: Albert J. Heinrich, A		n the record	ls of the
408 West 18th., Austin, TX 78701			
The series of Comments of the state of the s			
	istered Agent Change		
the filing entity as follows: Regi (Complete either A or B, but not)	istered Agent Change both. Also complete C if the address	has changed.)	
the filing entity as follows:	istered Agent Change both. Also complete C if the address	has changed.)	
the filing entity as follows: Regi (Complete either A or B, but not)	istered Agent Change both. Also complete C if the address sization (cannot be entity named above	has changed.)	
Regi (Complete either A or B, but not l A. The new registered agent is an organ	istered Agent Change both. Also complete C if the address sization (cannot be entity named above	has changed.)	
Regi (Complete either A or B, but not lead to be a complete of the A. The new registered agent is an organ or B. The new registered agent is an individual of the complete of	istered Agent Change both. Also complete C if the address sization (cannot be entity named above idual resident of the state who	has changed.)	ne of:
Regi (Complete either A or B, but not let) A. The new registered agent is an organ OR B. The new registered agent is an indiv	istered Agent Change both. Also complete C if the address sization (cannot be entity named above idual resident of the state who	has changed.) by the nan se name is:	ne of:

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

Form 401

RECEIVED

MAR 14 2007

Secretary of State

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.

	Enc	ctiveness of Et	ling (select an	ngan matalian	
А. 🗆 Т	his document becomes e	ffective when the	document is f	led by the secre	etary of state.
	his document becomes e of signing. The delayed				inety (90) days from
	his document takes effect of time. The 90th day at	:::::::::::::::::::::::::::::::::::::		e event or fact, o	other than the
The foll	lowing event or fact will	cause the docume	nt to take effe	ct in the manner	described below:
				- 341 - Tay	
		Exe	cution 🕒		
	dersigned signs this docu lly false or fraudulent in		e penalties im	posed by law fo	r the submission of a
Date:	March 14th, 2007		1		
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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

TAF Greguesee 05-102

nformation required for entitled liability company. corporation or limited liabilistered office currently on finite. NRD., BLDG. 3, STE 100 ulred by Section 171.203 of the essary. The information will be in this document and any attain this report who is an office.	file. (See instructions if you e Tax Code for each corporate e available for public inspects achments is true and correct t	City AUSTIN on or limited liability company on.	Blacke the reg	n circle if you need gistered agent or re State TX anchise Tax Report. Use ate below, and that a proporation or limited [Area	egistered office info ZIP Code 78754 se additional sheets copy of this report ha	s been umber
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ry) corporation or limited li		State of formation	Transfer of		Percentage of O	wnership
ry) corporation or limited li		State of formation	3		y Percentage of O	- 45
nformation required for e t (10%) or more.	20 And 1973 on Later 1990	10 E	19			
	City AUSTIN			State TX	ZIP code 78763	
	VICE PRESI		O YES	Term expiration		
	Title		Director	, m	m d d	у у
	City AUSTIN			State TX	ZIP code 78763	
	TREASURER	1	O YES	expiration		
	Title		Director	Term I	m d d	уу
	City			State TX	ZIP code 78763	
	SECRETARY		O YES	Term expiration		
	Title		Director	m		уу
	City		3	State TX	ZIP code 78763	
	PRESIDENT		O YES	Term expiration		
and mailing address or e	Title	nember.	Director	m	mdd	у у
officers, directors, or men and mailing address of e	mbers change throughout	605001 - 0-00611		9	17427567932	09
Report is completed. The	information is updated a	ted as of the date a Public I annually as part of the fran- upplementing the informa	chise tax	'		
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NC	State TX	ZIP Code 78763	Plus 4 5396		ler file number	r or
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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Compueter of Public Accounty Poles

(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 name THE BUTTROSS GROUP INC Mailing address PO BOX 5396 City AUSTIN Blacken circle if there a Entity's principal office	State TX	ZIP Code 78763	Plus 4 5396	Comptroller	State file number or file number
PO BOX 5396 City AUSTIN Blacken circle if there a	хт		Plus 4 5396	Comptroller	
Blacken circle if there a	хт		Flus 4 5396		
	are currently no changes or additions to the			0133926700	0
Entity's principal office	are contently no changes of adoltons to the	e information displayed in Section	on A of this report.	Then complete Secti	ons B and C.
				1	
Principal place of business					
Please sign below! R	fficer, director and member information is eport is completed. The information is upo eport. There is no requirement or procedur fficers, directors, or members change throu	lated annually as part of the fran e for supplementing the informa	chise tax	17	42756793209
SECTION A Name, title an	d mailing address of each officer, director. Title	or or member.	Director	m	m d d v v
DAVID A BUTTROSS	c		O YES	Term expiration	
Mailing address PO BOX 5186	City AUST	IN.	1	State TX	Z P code 78763
Name	Title	IN .	Director	m	m d d y y
			O YES	Term expiration	11111
Mailing address	City		ň.	State	ZIP code
Name	Title		Director	Term I	m d d y y
Mailing address	City		O YES	expiration State	
	Title		I Director		
Name	inte		Oirector YES	Term expiration	
Mailing address	City			State	ZIP code
SECTION B Enter the info	rmation required for each corporation o	r LLC, if any, in which this repo	rting entity owns	an interest of	
	corporation or limited liability company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Name of owned (subsidiary)	corporation or limited liability company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
	rmation required for each corporation o ed liability company.	r LLC, if any, that owns an inter	rest of ten percent	(10%) or more in th	nis reporting
	poration or limited liability company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Registered agent and registe Agent: ALBERT J HEINRIC	ered office currently on file. (See instruction	s if you need to make changes)		n circle if you need fo istered agent or regi	orms to change istered office Information.
시 경우 - 12 시 시 경우 10 경우	D., BLDG. 3, STE 100	City		State	ZIP Code 78754
	d by Section 171.203 of the Tax Code for each co ary. The information will be available for public in	rporation or limited liability company	y that files a Texas Fra		
I declare that the information in	this document and any attachments is true and of this report who is an officer, director or member	correct to the best of my knowledge a			
sign \	this report who is an officer, director of memora	Title	Date	Area co	ode and phone number
here /		4 10 1 10 10 10 10 10 10 10 10 10 10 10 1	10/30/2009	9 (512	2) 320 - 0888