# s Secretary of State Hope Andrade

Business Organizations | Trademarks | Help/Fees | BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:

156126500

**Entity Type:** 

Domestic For-Profit

Corporation

Original Date of Filing: December 14, 1999 Entity Status: In existence

Formation Date:

N/A

Tax ID:

17429390192

FEIN:

**Duration:** 

Perpetual

Name:

BUTTROSS HOLDINGS, INC.

Address:

PO BOX 5396

Austin, TX 78763-5396 USA

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGE	MENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Last Update	Name	Ti	itle	Addı	ress	
January 26, 2003	DAVID A BUTT	ROSS PI	RESIDENT		OX 5396 in, TX 78763 U	JSA
January 26, 2003	DAVID A BUTT		ICE RESIDENT		OX 5396 in, TX 78763 U	JSA
January 26, 2003	DAVID A BUTT	TROSS SI	ECRETARY		OX 5396 in, TX 78763 U	JSA
January 26, 2003	DAVID A BUTT	TROSS TI	REASURER		3OX 5396 in, TX 78763 U	JSA
January 26, 2003	DAVID A BUTT	TROSS D	irector		3OX 5396 in, TX 78763 U	JSA

Return to Search

## Instructions:

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

## ARTICLES OF INCORPORATION

OF

FILED in the Office of the Secretary of State of Texas

## BUTTROSS HOLDINGS, INC.

DEC 1 4 1999

#### ARTICLE ONE

Corporations Section

The name of the corporation is Buttross Holdings, Inc.

## 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

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 Holdings, Inc., and authorized said use of a name similar to The Buttross Group, Inc.

Sincerely,

David A. Buttross,

President

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(Rev 2-02/20)	3333 ь. в			0555054103	U
a. I Code = 13196 Franchise = 16196 Bank			Do not write in the	e space above	
TEXAS FRANCHISE TAX		c. Taxpayer identi	Scation number	d. Report year	
PUBLIC INFORMATION REPORT MUST be filed with your Corporation Franchise Tax Report		■ I-74-	2939019-2	2002	
Corporation name and address	2		DIG (IND 🗆	1, 2, 3, 4	
Buttross Holdings Inc P.O. Box 5396		e.	1117 1110	tate file number or, if nor	ie.
Austin, TX 78763		1		er unchartered number	
			m k on Franchise ax Report form, Page	0156126500	70
he following information MUST be provided for the Secretary of Stati Impany that files a Texas Corporation Franchise Tax Report. The it	e (S.O.S.) by each corp nformation will be availa	oration or limited in the for public insp	ection.		
SECTION A" MUST BE COMPLETE AND ACCURATE.  preprinted information is not correct, please type or print the correct.	ct information. Plea	se sign be	low!		
Blacken this circle completely if there are currently no changes	to the information prep	rinted in Sections	A, B, and C of th	is report.	
Corporation's principal office	eld Road: Austin, T.	78703		Aleman St.	
Principal place d business	WARE SET IN THE	Financial Control		- April 1.00	
	eld Road; Austin, T.				
ECTION A. Name, title and mailing address of each officer and d		eels, if necessary		ocial Security No. (Opt	ional
David A. Buttross		P, VP, S, T	X YES		
MAILING ADDRESS	Carried Control of the	.,,	1 100	Expiration date(mi	n-dd-yyy
P.O. Box 5396; Aus		m			Toward .
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TAILING ADDRESS			YES	Expiration date(mi	n-dd-yyr
AME	Marine Dan Land	MLE]		ocial Security No. (Opt	ional
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INILITO NOOKESS				Cxpiration date(iiii	
AME		TICE	DIRECTORTS	ocial Security No. (Upt	ion
			YES		
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			YES	× · · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS			,	T Expiration date(m)	m-dd-yyy
TOTION D					
ECTION B. List each corporation or limited liability company, if ar percent (10%) or more. Enter the information reques	ny, in which this reports sted for each corporatio	ig corporation or n <i>Use additional</i> :	imiled liability con theets, if necessar	mpany owns an intere y-	isi oi tei
lame of owned (subsidiary) corporation	State of inc		Texas S.O.S. lile nun		
Name of owned (subsidiary) corporation	State d inc	orporation '	Texas S.O.S.file num	nber Percentage	Interest
ECTION C. List each corporation or limited flability company, if ar	ny that owne so loteror	I of ten percent i	10%) or more in th	his reporting corporati	ion or 6
liability company. Enter the information requested for	r each corporation or li	nited liability con	panyUse addition.	al sheets, if necessary	<i>t.</i>
lame of owning (parent) corporation	State d inc	orporation	Texas S.O.S.tile nun	nber Percentage	Interest
egistered agent and registered office currently on file(Changes must be file	d separately with the Secre	tary of State.)			
Agent: Chuck Young					
Office: 4408 Spicewood Springs Rd; Austin, TX 78759			Blacken this	circle if you need form	ns
1965 Feb. 18 18 18 18 18 18 18 18 18 18 18 18 18				is information.	
declare that the information in this document and any attachments is true a	nd correct to the best of m	knowledge and be	lief and that a copy of	of this report has been m	ailed to
erson named in an is yeport who is an officer or director and who is not curre  Officer, priector, or other authorized person  Titl		Date		related corporation. Itime phone Area code a	nd numb
sign here	P, VP, S, T	8/1	1225	512-320-0888	

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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
1.	The name of the entity is Buttross Holdings, Inc.
	and the file number issued to the entity by the secretary of state is 01561265
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
1.	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.

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

- 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 filling. 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

(A) 06-102	3333		03148	390198
Fev 2C3/21)		b. <b>=</b>		
a.T Code = 13196			Do not write in the s	
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed to satisfy franchise tax requirements			14-2939019-2	d. Report year a. 2003
Coxporation name and a			e. 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 2, 3, 4
PO BOX SEG				te file number or, if none. unchartered number
aPEZ-EdGAG XT NITZUA				9. =  =
Service Control of the Control of th			Item k on Franchise Tax Report form, Page 1	01561265-00   8
The following information MUST be provided for the Secreta company that files a Texas Corporation Franchise Tax Report The information will be available for public inspection.	ort. Use additional sheets	for Sections A, B, ar	nd C, if necessary.	
If the preprinted information is not correct, please type or pri	int the correct information	Please sign	below!	
<ul> <li>Blacken this circle completely if there are currently no c</li> </ul>	changes to the information	on preprinted in Section	ons A, B, and C of this re	port.
Principal place of business 1400 W. And	erson in	, Austin	, TX 787	57
Principal place of business 1400 W. Ave	derson Lu	: Austi	n , TX 7	8757
SECTION A. Name, title, and mailing address of each office	cer and director.	, mile i	L'DIRECTOR I Sec	ial Security No. (Optional)
DAVID A BUTTROSS MALLING ADDRESS		PRESIDEN		Term expiration(mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 7	18763	[TITLE:	DIRECTOR : Son	ial Security No. (Optional)
DAVID A BUTTROSS		VICE PRE		
PO BOX 5396 AUSTIN, TX 7	18762			Term expiration(mm-dd-yyyy)
NAME	0/03	TITLE	DIRECTOR: Soc	ial Security No. (Optional)
DAVID A BUTTROSS MAJUNG ADDRESS	JULE-04-050 10 - 53	SECRETAR	Y   YES	Term expiration(mm-dd-yyyy
PO BOX 5396 AUSTIN, TX 7	18763	-TITLE 4	DIRECTOR   Soc	ial Security No. (Optional)
DAVID A BUTTROSS		TREASURE	,	nai oceani, no. (opiionii)
MAILING ADDRESS:	72 85	1112/100112		Term expiration(mm-da-yyvy
PO BOX 5396 AUSTIN, TX 7	18763	TITLE :	I: DIFFECTOR   Soc	ial Security No. (Optional)
DAVID A BUTTROSS		DIRECTOR	YES YES	
MAILING ADDRESS	107/2			Term expiration (mm-dd-vyy)
SECTION B. List each corporation or limited liability compared to percent (10%) or more. Enter the information	any, if any, in which this	reporting corporation	or limited hability compar	ny owns an interest of ten
Name of owned (subsidiery) corporation		ate of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation	S	ate of incorporation	Texas SOS file number	Percentage Interest
SECTION C. List each corporation or limited liability compa				eporting corporation or limited
Name of owning (parent) corporation		ate of incorporation	Texas SOS file number	Percentage Interest
Registered agent and registered office currently on file. (See instruct	ions if you need to make the	inges.)		
Agent: CHARLES J YOUNG				
Office: 1400 WEST ANDERSON LANE AUSTIN, TX 78757			O Blacken this cir to change this	rcle if you need forms information.
I declare that the inforthishon in this document and any attachments	s true and correct to the bes	t of my knowledge and t	pelief 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 no Officer, director by other authorized person	Title .	Date		corporazion ne phone (Area code and numba
sign here	Presiden			2-320-0888



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

1.	The name of the entity is Buttross Holdings, Inc
1.	
	and the file number issued to the entity by the secretary of state is 01561265
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
5.	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

(Rev.7 G3/22) 05-102 (Rev.7 G3/22)	3333	b.	-		Ø41		61857
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed to satisfy franchise tax requirements	Ξ	_	7,50,750		39019-2		5. Report year 2004
Corporation name and add			1	4: PI		1, 2,	3, 4 number or, if none.
PO BOX 5396 5,7 - 4PE2-E4767 XT NITZUA						oller uncha	156126500 8
If the preprinted information is not correct, please type or print The following information MUST be provided for the Secretary company that files a Texas Corporation Franchise Tax Report necessary. The information will be available for public inspection.  Blacken this circle completely if there are currently no chi	of State (SOS) b L. Use additional s ion.	y each corp heets for Se	ctions A, B, a	ted liabil and C, if	lay		2 3 3 9 4 1 2 2
Corporation's principal office 1905 N Camar	# 200			as		a Public	Officer and director information is reported Information Report is on is updated annually
Principal place of business Austin TX 78 SECTION A. Name, title, and mailing address of each office	105			as requinfo	part of the fruirement or p	ranchise ( procedure officers	ex report. There is no for supplementing the and directors change
NAME DAVID A BUTTROSS	disa director.		PRESIDE		A TOTAL CONTRACTOR OF THE PARTY		ration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78	763		TILE!		DIRECTOR	Term exp	iration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78	763			ESI			
DAVID A BUTTROSS			SECRETA	RY	:DIRECTOR,	Term exp	iration (mm-do-yyyy)
PO BOX 5396 AUSTIN, TX 78	763		TREASUR	ER	DIRECTOR	Term exp	iration (mm dd-yyyy)
PO BOX 5396 AUSTIN, TX 78	763		TITLE	_		Term exp	ration (mm-dd-yvyy)
DAVID A BUTTROSS MAILING ADDRESS   PO BOX 5396 AUSTIN, TX 78	763		DIRECTO	IK.	X YES		
SECTION B. List each corporation or limited liability companies percent (10%) or more. Enter the information is Name of owned (subsidiary) corporation			n or limited li	ability co			Percentage Interest
Name of owned (subsidiary) corporation		State of incor	TOTAL CONTROL OF THE PARTY OF T		SOS file numbe	0	Percentage Interest
SECTION C. List each corporation or limited liability compan						his reporti	ng corporation or limited
Name of owning (parent) corporation	sted for each corp	State of incor			SOS file numbe	м	Percentage Interest
Registered agent and registered office currently on file, (See instruction Agent: ALBERT J HEINRICH Office: 408 WEST 18TH ST AUSTIN, TX 78701	ns il you need to me	и́.e changes.)	C	informa	ation. Change	s can als	forms to change this obe made on-line at orp,sosda,index.shtml
I declare that the information in this document and any attachments is been maded to seth person named in this report who is an officer or di	rector and who is no	he best of my l of currently em	ployed by this	belief, as corporatio	n or armited hab	ility compa	ny or a related corporation
sign here director, or other authorized person	Presu	leut	Date	- ري -			nne (Area code and number) 320-0888 0199267



3333



5137412833 0002

13196

This report MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number

d. Report year

TEXAS FR	ANCHISE	TAX	PUBLIC	INFOR	NOITAN	REPO	RT
			Corporation nam	ne and address	9		

1-74-2939019-2

2005

Haalladaladdlaadd

BUTTROSS HOLDINGS INC PO BOX 5396

e. PIR / IND

Secretary of State file number or, if none,

APER-EAGAY XT NITZUA

Comptroller unchartered number g. m Item k on Franchise

Tax Report, Form 05-142

0156126500

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 fimited 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

as of the date a Public Information is reported completed. The information is updated annually

Please sign below! Officer and director

Principal place of business 1905 N Lamar \$200, Austin,	TV 28705 10	quirement or	renchise tax report. There is procedure for supplementing officers and directors cha
SECTION A. Name, title, and mailing address of each officer and director.	th	roughout the y	ear,
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	PRESIDENT	YES	84
MAILING ADDRESS		the state of the s	10 To
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	VICE PRESI	YES	
MAILING ADDRESS:		+	i - Luc Dick
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	SECRETARY	YES	2 2
MAILING ADDRESS		1,00	
PO BOX 5396 AUSTIN, TX 78763			
NAME	MILE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	TREASURER	YES	
MAILING ADDRESS	THEADONER	11.20	
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
	DIRECTOR		1
DAVID A BUTTROSS MAILING ADDRESS	DIRECTOR	X YES	
PO BOX 5396 AUSTIN, TX 78763			

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

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 SECTION C. 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 408 WEST 18TH ST Office: 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.txus/corp/sosds/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.

or other authorized person sign here

President

5-13-2005

Daytime phone (Area code and number)

## Ø6158363135 ØØØ2

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 1-74-2939019-2 2006

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation name and address

Hardladdaddhaddh BUTTROSS HOLDINGS INC PO BOX 5396

APER-EAGAT XT MITZUA

e. PIR/IND -

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

Item k on Franchise Tax Report, Form 05-142 0156126500

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

1905 N Lamar # 2001 Hustry 11	(1808)	equirement or procedure for supplementing the
SECTION A. Name, title, and mailing address of each officer and director.	t	roughout the year.
NAME	TITLE	DIRECTOR Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	PRESIDENT	YES
MAILING ADDRESS		
PO BOX 5396 AUSTIN, TX 78763		
NAME	TITLE	DIRECTOR Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS MAILUNG ADDRESS 1	VICE PRESI	YES
PO BOX 5396 AUSTIN, TX 78763	#	
NAME	TITLE	*DIRECTOR: Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	SECRETARY	YES
MAILING ADDRESS		
PO BOX 5396 AUSTIN, TX 78763		
NAME	TITLE	DIRECTOR: Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS	TREASURER	YES
MAILING ADDRESS		
PO BOX 5396 AUSTIN, TX 78763		
NAME	TITLE	DIRECTOR Term expiration (mm-dd-yyyy)
DAVID A BUTTROSS MAILING ADDRESS	DIRECTOR	X YES
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
		A MANAGEMENT OF THE PARTY OF TH	100 miles (100 miles (

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 ma	ake 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 a	ny attachments is true and correct to the b	est of my knowledge and belief, as of the da	ite below, and that a copy of this report has
been mailed to each person named in this report wh			
	The second secon		

director, or other authorized person sign here

president

9-12-2006

Daytime phone (Area code and number) 512 -320-0388

# 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

MAR 14 2007



## 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

	Entity Information
The name of the entity is:	· ·
Buttross Holdings, Inc.	
State the name of the entity as currently sho	own in the records of the secretary of state.
The file number issued to the filing e	entity by the secretary of state is: 156126500
The registered agent and registered of	office of the entity as currently shown on the records of the
secretary of state are: Albert J. He	inrich, Attorney
408 West 18th., Austin, TX 78701	
Change to	Registered Agent/Registered Office
the filing entity as follows:	tration is modified to change the registered agent and/or office of  Registered Agent Change
(Complete either A or B	3, but not both. Also complete C if the address has changed.)
☐ A. The new registered agent is a	an organization (cannot be entity named above) by the name of:
A. The new registered agent is a	an organization (cannot be entity named above) by the name of:
A. The new registered agent is a	an organization (cannot be entity named above) by the name of:
OR	an organization (cannot be entity named above) by the name of:  an individual resident of the state whose name is:
OR	
OR  B. The new registered agent is	an individual resident of the state whose name is:  M.I. Last Name Suffix
OR  B. The new registered agent is	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change
OR  B. The new registered agent is  First Name  C. The business address of the	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change registered agent and the registered office address is changed to:
OR  B. The new registered agent is  First Name  C. The business address of the  7901 Cameron Rd. Bldg.3 Suite #10	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change registered agent and the registered office address is changed to:  O Austin TX 78754
OR  B. The new registered agent is  First Name  C. The business address of the  7901 Cameron Rd. Bldg.3 Suite #10  Street Address (No P.O. Box)	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change registered agent and the registered office address is changed to:  O Austin TX 785
OR  B. The new registered agent is  First Name  C. The business address of the  7901 Cameron Rd. Bldg.3 Suite #10  Street Address (No P.O. Box)	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change registered agent and the registered office address is changed to:  O Austin TX 78754
OR  B. The new registered agent is  First Name  C. The business address of the  7901 Cameron Rd. Bldg.3 Suite #10  Street Address (No P.O. Box)	an individual resident of the state whose name is:  M.I. Last Name Suffix  Registered Office Change registered agent and the registered office address is changed to:  O Austin TX 78

# 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 (salatremerA, B) or C) - S S S S S S S S S S S S S S S S S S
<ul> <li>A. ☐ This document becomes effective when the document is filed by the secretary of state.</li> <li>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</li> </ul>
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
Signature and title of authorized person (see instructions)

Alaborer FORM	Account (Rev. 1-08/28)					(To be filed by Corporations and Limited Liability Companies (LLCS)) This report MUST be filed to satisfy franchise tax requirements																
■ Taxpayer nun	mber							■ R	eport	yea	r			You ha	ve certe	ain rìoh	ts under Chap	oter \$52	2 and 5	59 GO	vernme	ent Cade
1 7 4	2 9	3	9	0	1   9	9	2	2	0		0   8	8		to revie	w, reque	est, and	correct inforn 3-4600, or (80	nation v	we have	e on file	e abou	t you.
Taxpayer name BUTTROSS HO Mailing address PO BOX 5396	LDINGS	NC																	f State			or
City AUSTIN							S	tate <b>X</b>						P Code 8763		96	1000000	612650		55/9/1/50	1	
<ul> <li>Blacken of</li> </ul>	circle if th	ere are	curre	ntly no	chang	es c	or add	itions	to th	e in	forma	tion d	displayed	in Section A	A of this	report.	Then comple	ete Sec	tions B	and C		
Entity's principa	al office																					
Principal place	of busine	SS															i II					
Please sign	below!	Repo	ort is c	complet	ted. The	he ir iirer	nform ment o	ation or pro	is upo cedur	late e fo	d ann	ually a pleme	as part of enting the	a Public Info the franchi informatio	se tax	1		1	7429	390	1920	8
SECTION A	lame, titl	e and i	mailin	ig addr	ess of	eac	h offi	cer, c	lirecto	or o	r mer	nber.										
Name									Title						Dire	ector	Term	m	m 1 1	ď	d ;	y y 1
DAVID A BUTT	ROSS								DIREC	то	R				•	YES	expiration					
Mailing address PO BOX 5396	s								City AUST	IN							State TX			8763	e	
Name									Title						Dire	ector	Torres	m	, m	d	d ;	у у
DAVID A BUTT	ROSS							-	TREAS	SUF	RER				0	YES	Term expiration					
Mailing address PO BOX 5396	s								City AUST	IN							State TX			IP code 8763	e	
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DAVID A BUTT	ROSS								VICE	PRE	SI			11	0	YES	Term expiration					
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DAVID A BUTT	ROSS								PRESI	DE	NT				0	YES	Term expiration			1	1	11
Mailing address PO BOX 5396	s								City AUST	IN							State TX			IP code 8763	e	
SECTION B	nter the				ed for	eac	h cor	porat	ion o	r LL	.C, if a	ny, in	which t	his reportin	ng entit	y owns	an interest o	of				
Name of owner			6.		imited	liab	oility o	omp	any			Stat	te of forn	nation	T	exas SC	S file numbe	r, if any	Perce	entago	of Ow	nership
Name of owner	d (subsidi	ary) co	porat	ion or li	imited	liab	oility o	ompa	any			Stat	te of forn	nation	Ī	exas SC	S file numbe	r, if any	Perce	entage	of Ow	nership
SECTION C	nter the						h cor	porat	ion a	r LL	C, if a	my, th	nat owns	an interest	t of ten	percen	t (10%) or m	ore in	this rep	portin	g	
Name of owner							y com	pany				Stat	te of form	ation	T	exas SC	55 file numbe	r, if any	Perce	entage	of Ow	mership
Registered ager Agent: ALBE			d offic	e currer	ntly on	file	. (See	instr	uction	s if y	ou ne	ed to	make cha	nges)	0		n circle if you gistered agen					mation.
													1.00				10.	2000		1212		

State ZIP Code 78754 City Office: 7901 CAMERON RD., BLDG. 3, STE 100

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.

It 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 (512 ) 320 - 0888

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E/DE		PIK IND	0



Comprises of Public According

(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		ou have certain rig	ghts under Chapter 552	2 and 559, Government Code,
1 7 4 2 9 3 9 0 1 9	2 2 0 0				we have on file about you. 1381, toll free nationwide.
Taxpayer name BUTTROSS HOLDINGS INC Mailing address				Secretary o	of State file number or
PO BOX 5396 City	State	ZIP Code			er file number
AUSTIN	тх	78763	5396	01561265	
<ul> <li>Blacken circle if there are currently no changes.</li> <li>Entity's principal office</li> </ul>	or additions to the inform	nation displayed in Sect	ion A of this repor	t. Then complete Sec	tions 8 and C.
PARAMETERS CONTROL (NO. )					
Principal place of business				1 1111	
Please sign below!  Officer, director and member Report is completed. The irreport. There is no require officers, directors, or members.	information is updated an ment or procedure for su	nnually as part of the fra pplementing the inform	inchise tax	1	742939019208
SECTION A Name, title and mailing address of each		ember.	754 - Sapotenino Gr		
DAVID A BUTTROSS	Title SECRETARY		Director	Term	mddyy
			O YES	expiration [	
Mailing address PO BOX 5396	AUSTIN		57,57 Sept. 38	State TX	ZIP code 78763
Name	Title		Director	Term	m d d y y
Mailing address	rie.		O YES	expiration	1770
AND	City			State	ZIP code
Name	Title		Director YES	Term	m d d y y
Mailing address	City		0 123	expiration   State	
12.6 FL 2	335		l Street		ZIP code
Name	Title		Director YES	Term	m a a y y
Mailing address	City			expiration   State	I I I I I I I I I I I I I I I I I I I
United		of the National De		1000 C	Zii Code
SECTION B Enter the information required for each ten percent (10%) or more.	ch corporation or LLC, if	any, in which this rep	orting entity own	is an interest of	
Name of owned (subsidiary) corporation or limited liab	bility company	State of formation	Texas S	OS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited lial	bility company	State of formation	Texas S	OS file number, if any	Percentage of Ownership
SECTION C Enter the information required for each	ch corporation or LLC, if	any, that owns an into	erest of ten perce	nt (10%) or more in	this reporting
entity or limited liability company. Name of owned (parent) corporation or limited liabilit	y company	State of formation	Texas S	OS file number, if any	Percentage of Ownership
  Registered agent and registered office currently on file	e. (See instructions if your	need to make changes)	Black	en circle if you need f	forms to change
Agent: ALBERT J HEINRICH	(See manuelloman your			egistered agent or reg	gistered office information.
Office: 7901 CAMERON RD., BLDG. 3, STE 100		AUSTIN		State	ZIP Code 78754
The above information is required by Section 171.203 of the T for Sections A, B, and C, if necessary. The information will be a			ny that files a Texas F	ranchise Tax Report, Use	additional sheets
I declare that the information in this document and any attact mailed to each person named in this report who is an officer,					
sign		litle	Date	Area	code and phone number
here /				[(51	2 ) 320 - 0888
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in Fusik 05-102 in Fusik (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

Entity's principal office Principal place of business Please sign below!	State  TX re are currently no changes or additio	ns to the informa nation is reported on is updated and procedure for sup ge throughout th	as of the date a Public I ually as part of the fran- plementing the informa e year.	nformation chise tax tion as	Comptroller 015612650 Then complete Secti	
PO BOX 5396 City AUSTIN  Blacken circle if ther Entity's principal office Principal place of business  Please sign below!  SECTION A Name, title Name DAVID A BUTTROSS  Mailing address PO BOX 5396	TX e are currently no changes or addition Officer, director and member inform Report is completed. The information report. There is no requirement or pofficers, directors, or members change.	nation is reported on is updated and recedure for sup ge throughout the r, director or men Title DIRECTOR	78763  Ition displayed in Section  as of the date a Public I really as part of the framplementing the informate year.	5396 on A of this report. Information chise tax ition as	Comptroller 015612650 Then complete Secti	file number 10 ions B and C.
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Principal place of business  Please sign below!  SECTION A Name, title Name  DAVID A BUTTROSS  Mailing address PO BOX 5396	Officer, director and member inform Report is completed. The informatio report. There is no requirement or p officers, directors, or members chan-	on is updated and procedure for sup- ge throughout the control of	ually as part of the fran- plementing the informa e year.	chise tax ition as		742939019209 m d d y y
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Name  DAVID A BUTTROSS  Mailing address PO BOX 5396	and mailing address of each officer	Title DIRECTOR City	mber.	1	m	m d d y y
DAVID A BUTTROSS  Mailing address PO BOX 5396		DIRECTOR		1	m	m a a y y
Mailing address PO BOX 5396		City		I CAN USE	Term	
PO BOX 5396		AUSTIN		YES	expiration	1 1 1 1 1
Name				10 120 10	State TX	ZIP code 78763
DALUD A GUERROOF		Title		Director	Term   I	m d d y y
DAVID A BUTTROSS		TREASURER		O YES	expiration	
Mailing address PO BOX 5396		AUSTIN			State TX	ZIP code 78763
Name		Title		Director	Term   I	m d d y y
DAVID A BUTTROSS		SECRETARY		O YES	expiration	
Mailing address PO BOX 5396		City			State TX	ZIP code 78763
Name		Title		Director	Toron	m d d y y
				O YES	Term expiration	
Mailing address		City			State	ZIP code
	formation required for each corpor (10%) or more.	ration or LLC, if a	ny, in which this repor	rting entity owns	an interest of	E:
Name of owned (subsidiar	y) corporation or limited liability com	pany	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Name of owned (subsidiar	y) corporation or limited liability com	pany	State of formation	Texas SO	S file number, if any	Percentage of Ownership
entity or lin	formation required for each corporated liability company.		ny, that owns an inter	***************************************		his reporting  [Percentage of Ownership
ivanie or owned (parent, c	orporation or limited liability compar	iy	State of formation	Texas 50	sille number, il aliy	Percentage of Ownership
Registered agent and regised Agent: ALBERT J HEINF	stered office currently on file. (See ins NCH	tructions if you ne		( )		istered office information.
Office: 7901 CAMERON	RD., BLDG. 3, STE 100		AUSTIN		State	ZIP Code <b>78754</b>
	ired by Section 171.203 of the Tax Code fo essary. The information will be available fo		or limited liability company	that files a Texas Fra	nchise Tax Report. Use	additional sheets
	in this document and any attachments is t in this report who is an officer, director or				rporation or limited lial	bility company.
sign here		3	tle -15-10	Date 03/17/2010		ode and phone number 2 ) 320 - 0888
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(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  1 7 4 2 9 3 9 0 1 9 2	1 Report year 2 0 0 0 9 0	to review, re	equest, and corr	rect information we l	nd 559, Government Code have on file about you.	e,
Taxpayer name BUTTROSS HOLDINGS, INC.	-1-1-1-1	Contact us a	at: (512) 463-46	i00, or (800) 252-138	I, toll free nationwide.	
Mailing address PO BOX 5396					ate file number or	
City Stat TX	e		Plus 4 5396	Comptroller fil 0156126500	e number	
Blacken circle if there are currently no changes or additional control of the control of th	ons to the information displa	yed in Section A of th	his report. The	en complete Section	is B and C.	
Entity's principal office				1		
Principal place of business						
Please sign below!  Officer, director and member information report is completed. The information report. There is no requirement or officers, directors, or members characteristics.	on is updated annually as pa procedure for supplementin	art of the franchise tax	X.	174	2939019209	
SECTION A Name, title and mailing address of each office						
Name	Title		Director	ferm I I	nddyy	ī
DAVID A BUTTROSS	VICE PRESI		YES	expiration		
Mailing address PO BOX 5396	City AUSTIN		St	tate X	ZIP code 78763	
Name	Title	1 1	Director	m n	nddyy	
DAVID A BUTTROSS	PRESIDENT		1 165	expiration		
Mailing address PO BOX 5396	City		St	tate X	ZIP code 78763	
Name	Title	1 1	Director	m n	nddyy	
		(	1 11-5	erm expiration		
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Name	Title	1 1	Director	m n	nd dyy	
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SECTION B Enter the information required for each corpo	ration or LLC, if any, in whi	ch this reporting en	ntity owns an i	interest of	L	
ten percent (10%) or more.						
Name of owned (subsidiary) corporation or limited liability con	spinore discussion	formation	Texas SOS file	e number, if any	ercentage of Ownership	1
Name of owned (subsidiary) corporation or limited liability con	npany State of	formation	Texas SOS file	e number, if any Pe	ercentage of Ownership	1
SECTION C Enter the information required for each corpo	ration or LLC, if any, that o	wns an interest of te	en percent (10	0%) or more in this	reporting	
entity or limited liability company. [Name of owned (parent) corporation or limited liability compa	ny State of	formation	Trevas SOS file	e number if any 19	ercentage of Ownership	. 1
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Registered agent and registered office currently on file. (See in Agent: ALBERT J HEINRICH	structions if you need to make	changes)	The second of th	rcle if you need form red agent or registe	ns to change ered office information.	1
Office: 7901 CAMERON RD., BLDG. 3, STE 100		City AUSTIN		State	ZIP Code	
The above information is required by Section 171.203 of the Tax Code for	or each corporation or limited lia		s a Texas Franchi	TX ise Tax Report. Use add	[78754 ditional sheets	7
for Sections A, B, and C, if necessary. The information will be available for It declare that the information in this document and any attachments is		- Lamedadan and halled				
mailed to each person named in this report who is an officer, director o						
sign here	Title 3-15-10	Date 03/	/17/2010		e and phone number 320 - 0888	
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