



[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

<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		
January 26, 2003	DAVID A BUTTROSS	PRESIDENT	PO BOX 5396 Austin, TX 78763 USA		
January 26, 2003	DAVID A BUTTROSS	VICE PRESIDENT	PO BOX 5396 Austin, TX 78763 USA		
January 26, 2003	DAVID A BUTTROSS	SECRETARY	PO BOX 5396 Austin, TX 78763 USA		
January 26, 2003	DAVID A BUTTROSS	TREASURER	PO BOX 5396 Austin, TX 78763 USA		
January 26, 2003	DAVID A BUTTROSS	Director	PO BOX 5396 Austin, TX 78763 USA		

[Return to Search](#)

Instructions:

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

FILED
In the Office of the
Secretary of State of Texas

DEC 14 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.

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

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


Charles J. Young

CS-102
(Rev. 2-02/20)

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b. ■

02220241098

a. T Code ☒ 13196 Franchise ☐ 16196 Bank

TEXAS FRANCHISE TAX

PUBLIC INFORMATION REPORT

MUST be filed with your Corporation Franchise Tax Report

Corporation name and address

Buttross Holdings Inc
P.O. Box 5396
Austin, TX 78763

Do not write in the space above

c. Taxpayer identification number

1-74-2939019-2

d. Report year

2002

e. PIR / IND ☐ 1, 2, 3, 4Secretary of State file number or, if none,
Comptroller unchartered number

g. ■

Item k on Franchise
Tax Report form, Page 1

0156126500

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

1719 Enfield Road; Austin, TX 78703

Principal place of business

1719 Enfield Road; Austin, TX 78703

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

NAME	TITLE	DIRECTOR	Social Security No. (Optional)
David A. Buttross	P, VP, S, T	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS		Expiration date (mm-dd-yyyy)	
P.O. Box 5396; Austin, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
		<input type="checkbox"/> YES	
MAILING ADDRESS		Expiration date (mm-dd-yyyy)	
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
		<input type="checkbox"/> YES	
MAILING ADDRESS		Expiration date (mm-dd-yyyy)	
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
		<input type="checkbox"/> YES	
MAILING ADDRESS		Expiration date (mm-dd-yyyy)	
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
		<input type="checkbox"/> YES	
MAILING ADDRESS		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
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Registered agent and registered office currently on file (Changes must be filed separately with the Secretary of State.)

Agent: Chuck Young

Office: 4408 Spicewood Springs Rd; Austin, TX 78759

☒ Blacken this circle if you need forms
to change this information.

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

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		P, VP, S, T	8/1/02	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

OCT 21 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
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
1400 West Anderson Lane; Austin, Texas 78757
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is Charles J. Young
6. ☐ A. The name of the NEW registered agent is _____
OR ☒ B. The registered agent will not change.

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

By: 

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

INSTRUCTIONS

1. It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to corpinfo@sos.state.tx.us. 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.

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b. ■

03148390198

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



BUTTROSS HOLDINGS INC

PO BOX 5396

AUSTIN TX 78763-5396

c. Taxpayer identification number

1-74-2939019-2

d. Report year

2003

e. PIR / IND ■ ☐ 1, 2, 3, 4Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise
Tax Report form, Page 1

01561265-00 | 8

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

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

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

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

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

NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID A BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	VICE PRES	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			

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

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

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

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

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

Agent: CHARLES J YOUNG
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	5-15-2003	512-320-0888

0392451



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 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 1400 West Anderson lane, Austin, Tx 78757
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
408 West 18th St Austin, TX 78701
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is Charles J. Young
6. ☒ A. The name of the NEW registered agent is Albert J. Heinrich, Attorney
OR ☐ B. The registered agent will not change.

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

By: _____

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

INSTRUCTIONS

1. It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to corpinfo@sos.state.tx.us. 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.

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b. ■

04140361857

Do not write in the space above

Franchise Code ■ 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

Corporation name and address

BUTTROSS HOLDINGS INC
PO BOX 5396
AUSTIN TX 78763-5396

c. Taxpayer identification number

1-74-2939019-2

d. Report year

2004

5. PIR / IND ■ 1, 2, 3, 4

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

9. ■

Item k on Franchise
Tax Report, Form 05-142

0156126500

8

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

Principal place of business

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	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	VICE PRES	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			

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

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

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

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

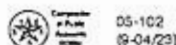
AUSTIN, TX 78701

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/corpsosda/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	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	5-12-04	52-320-0888

0199267

05-102
(9-04/23)

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b. ■

05137412833 0002

Do not write in the space above

a. T Code ■ 13196

This report MUST be filed to
satisfy franchise tax requirementsc. Taxpayer identification number
1-74-2939019-2d. Report year
2005

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation name and address

BUTTROSS HOLDINGS INC
PO BOX 5396
AUSTIN TX 78763-5396

e. PIR / IND

1 4

Secretary of State file number or, if none,
Comptroller unchartered numberItem 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
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 78705Principal 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	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	VICE PRESI	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			

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

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

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

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage Interest
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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 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	5-13-2005	(512) 320-0888

0272326

05-102
(12-05/25)

3333

b. ■

06158363135 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

1-74-2939019-2

d. Report year

2006

Corporation name and address



BUTTROSS HOLDINGS INC

PO BOX 5396

AUSTIN TX 78763-5396

e. PIR / IND

1

4

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

Item k on Franchise

g. ■

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

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	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	VICE PRESI	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
DAVID A BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			

Please sign below!

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 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
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)
		president	9-12-2006	512-320-0888

0505837

Form 401
(Revised 01/06)

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



**Statement of Change of
Registered Office/Agent**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 14 2007

Corporations Section

Entity Information

The name of the entity is:

Buttross Holdings, 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: 156126500

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

408 West 18th., Austin, TX 78701

Change to Registered Agent/Registered Office

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

Registered Agent Change

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

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

OR

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

First Name

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 #100

Austin

TX

78754

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.

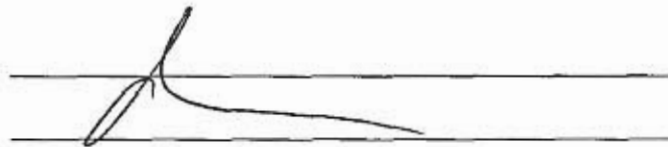
Effectiveness of Filing (Select either A, B, or C)

- 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 in black ink, consisting of a stylized 'S' followed by a horizontal line, is written over two horizontal lines.

Signature and title of authorized person (see instructions)



Comptroller of Public Accounts
FC004

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

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

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
BUTTROSS HOLDINGS 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

0156126500

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.



1742939019208

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

Name	Title
DAVID A BUTTROSS	DIRECTOR
Mailing address	City
PO BOX 5396	AUSTIN
Name	Title
DAVID A BUTTROSS	TREASURER
Mailing address	City
PO BOX 5396	AUSTIN
Name	Title
DAVID A BUTTROSS	VICE PRESI
Mailing address	City
PO BOX 5396	AUSTIN
Name	Title
DAVID A BUTTROSS	PRESIDENT
Mailing address	City
PO BOX 5396	AUSTIN

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

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	City	State	ZIP Code
Office: 7901 CAMERON RD., BLDG. 3, STE 100	AUSTIN	TX	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 (512) 320 - 0888
-----------	-------	------	--

VE/DE ☐ PIR IND ☐





Comptroller
of Public
Accounts
FORM

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

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

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
BUTTROSS HOLDINGS 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

0156126500

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.



1742939019208

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

Name Title
DAVID A BUTTROSS SECRETARY

Mailing address City
PO BOX 5396 AUSTIN

Name Title

Mailing address City

Name Title

Mailing address City

Name Title

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

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

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

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

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

Agent: ALBERT J HEINRICH

Office: 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
(512) 320 - 0888

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

VE/DE

PIR IND

PIR IND





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

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

Report year

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Taxpayer name
BUTTROSS HOLDINGS, 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

0156126500

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!

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1742939019209

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

Name

Title

DAVID A BUTTROSS

DIRECTOR

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

DAVID A BUTTROSS

TREASURER

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

DAVID A BUTTROSS

SECRETARY

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

Mailing address

City

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

ZIP code

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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

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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
3-15-10

Date
03/17/2010

Area code and phone number
(512) 320 - 0888

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

VE/DE

PIR IND

PIR IND





Comptroller of Public Accounts
PCABA

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

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

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

BUTTROSS HOLDINGS, 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

0156126500

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Entity's principal office

Principal place of business

Please sign below!

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1742939019209

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

Name

Title

DAVID A BUTTROSS

VICE PRESI

Mailing address

PO BOX 5396

City

AUSTIN

Name

Title

DAVID A BUTTROSS

PRESIDENT

Mailing address

PO BOX 5396

City

AUSTIN

Name

Title

Mailing address

City

Name

Title

Mailing address

City

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

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City

AUSTIN

State

TX

ZIP Code

78754

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sign here

Title
3-15-10

Date
03/17/2010

Area code and phone number
(512) 320 - 0888

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

VE/DE

PIR IND

PIR IND

