



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

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 800061480 **Entity Type:** Domestic Nonprofit Corporation
Original Date of Filing: March 6, 2002 **Entity Status:** In existence
Formation Date: N/A **Non-Profit Type:** N/A
Tax ID: 32004423250 **FEIN:**
Duration: Perpetual
Name: Buttross Housing Assistance
Address: PO BOX 5396
 AUSTIN, TX 787635396 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		
June 4, 2008	DAVID BUTTROSS II	PRESIDENT	PO BOX 5396 Austin, TX 78763 USA		
June 4, 2008	DAVID BUTTROSS Sr	VICE PRESIDENT	PO BOX 5186 Austin, TX 78763 USA		
June 4, 2008	JAY MARIE BUTTRESS	SECRETARY	PO BOX 5186 Austin, TX 78763 USA		
June 4, 2008	Buttross A David Jr	Director	P O Box 5396 Austin, TX 78763 USA		
June 4, 2008	David Buttross Sr	Director	P O Box 5186 Austin, TX 78763 USA		
June 4, 2008	Jay Marie Buttross	Director	P O Box 5186 Austin, TX 78763 USA		

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Instructions:

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

ARTICLES OF INCORPORATION
for
BUTTROSS HOUSING ASSISTANCE, INC.

FILED
In the Office of the
Secretary of State of Texas

MAR 06 2002

Corporations Section

ARTICLE ONE

The name of the corporation is Buttross Housing Assistance.

ARTICLE TWO

The corporation is a non-profit corporation.

ARTICLE THREE

The period of its duration is perpetual.

ARTICLE FOUR

The purposes for which the corporation is organized are charitable, benevolent, and educational activities. The corporation may not perform activities that would prevent it from qualifying as a tax-exempt organization pursuant to the Internal Revenue Code or qualifying as a non-profit corporation pursuant to the Texas Non-Profit Corporation Act.

ARTICLE FIVE

The corporation shall have no members.

ARTICLE SIX

Management of the corporation shall be vested in its Board of Directors.

ARTICLE SEVEN

Subject to any limitations in the corporation's bylaws and/or the provisions of Article 1396-2.22F, as set forth in the Texas Non-Profit Corporation Act, the corporation may indemnify any person who shall be, or shall be threatened to be, named a defendant or respondent in a legal proceeding because the person is or was a director of the corporation only if it shall be determined that such person:

- (a) conducted himself/herself in good faith;
- (b) reasonably believed that:
 - (i) in the case of conduct in his/her official capacity as a director of the corporation, his/her conduct was in the best interests of the corporation; and
 - (ii) in all other cases, his conduct was at least not opposed to the corporation's best interests;
- (c) in the case of a criminal proceeding, had no reasonable cause to believe his/her conduct was unlawful.

ARTICLE EIGHT

The street address of its initial registered office is 1719 Enfield Road, Austin, Travis County, Texas 78703, and the name of its initial registered agent at such address is David A. Buttross II.

ARTICLE NINE

The number of directors comprising the initial board of directors is four (4), and the names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

<u>Name</u>	<u>Address</u>
David A. Buttross II	P. O. Box 5396 Austin, Texas 78763
David A. Buttross, Sr.	P. O. Box 5186 Austin, Texas 78763
Jay Marie Buttross	P. O. Box 5186 Austin, Texas 78763
Regina Marie Buttross	P. O. Box 5186 Austin, Texas 78763

ARTICLE TEN

Upon dissolution of the corporation, its assets shall be distributed in accordance with Article 6.02(3) of the Texas Non-Profit Corporation Act and Section 501(c)(3) of the Internal Revenue Code.

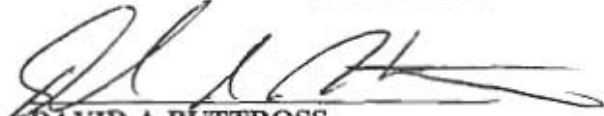
ARTICLE ELEVEN

The name and address of the incorporator is:

DAVID A. BUTTROSS

1719 Enfield Road
Austin, Texas 78703


IN WITNESS WHEREOF, I have hereunto set my hand this 5 day of March, 2002.


DAVID A BUTTROSS
Incorporator

THE STATE OF TEXAS §
COUNTY OF TRAVIS §

I, Blake Randow, a notary public, do hereby certify that on this 5th day of March, 2002, personally appeared before me DAVID A. BUTTROSS, who having first been duly sworn, declared and acknowledged that he is the person who signed the foregoing document as incorporator of said corporation, and that the statements therein contained are true.




Notary Public in and for the State of Texas



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 Housing Assistance
and the file number issued to the entity by the secretary of state is 800061480
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 1719 Enfield Road; Austin, Tx 78703
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
1400 West Anderson Lane; Austin, Texas 78757
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is David Buttross
6. ☐ A. The name of the NEW registered agent is _____
OR ☒ B. The registered agent will not change.

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

By: 

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

INSTRUCTIONS

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

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

Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Checks or money orders must be payable through a U.S. bank or other financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.

5. Two copies of the form along with the filing fee should be mailed to the address shown in the heading of this form. The delivery address is: Secretary of State, Statutory Filings Division, Corporations Section, James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. We will place one document on record and return a file stamped copy, if a duplicate copy is provided for such purpose. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709.

05-102
(Rev. 2-03/21)

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b. ■

03336131965

a. T Code ☐ 13196 Franchise ☐ 16196 Bank**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

Corporation name and address

Buttross Housing Assistance
P.O. Box 5396
Austin, TX 78763

Do not write in the space above

c. Taxpayer identification number

32004423250

d. Report year

2003

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

g. ■

Item # on Franchise
Tax Report form, Page 1

08000614803

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

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

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

Corporation's principal office

1400 W Anderson Lane

Principal place of business

1400 W Anderson Lane

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

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

Office: 1400 W. 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	10/20/03	512-320-0888



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

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

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the entity is Buttross Housing Assistance
and the file number issued to the entity by the secretary of state is 800061480
2. The entity is: (Check one.)
 - ☐ a *business corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, as provided by the Texas Business Corporation Act.
 - ☒ a *non-profit corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act.
 - ☐ a *limited liability company*, which has authorized the changes indicated below through its members or managers, as provided by the Texas Limited Liability Company Act.
 - ☐ a *limited partnership*, which has authorized the changes indicated below through its partners, as provided by the Texas Revised Limited Partnership Act.
 - ☐ an *out-of-state financial institution*, which has authorized the changes indicated below in the manner provided under the laws governing its formation.
3. The registered office address as PRESENTLY shown in the records of the Texas secretary of state is 1400 West Anderson lane, Austin, Tx 78757
4. ☒ A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
408 West 18th St Austin, TX 78701
OR ☐ B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is David Buttross
6. ☒ A. The name of the NEW registered agent is Albert J. Heinrich, Attorney
OR ☐ B. The registered agent will not change.

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.

05-102
(Rev. 7-03/02)

*** INTERNET ***

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b. ■

04240220462

a. T Code ☒ 13196 Franchise ☐ 16196 Bank**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

Corporation name and address

Buttross Housing Assistance

P.O. Box 5396

Austin, TX 78763

Do not write in the space above

c. Taxpayer identification number

3-20044-2325-0

d. Report year

2004

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 05-142

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

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

☐ Blacken this circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C.**Please sign below!** Officer and director information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change throughout the year.

Corporation's principal office

1905 N. Lamar #200, Austin, TX 78705

Principal place of business

1905 N. Lamar #200, Austin, TX 78705

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

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
David Buttross II	President	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS			
P.O. Box 5396, Austin, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
David Buttross Sr.	V.P.	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS			
P.O. Box 5186, Austin, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
Jay Marie Buttross	Secretary	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS			
P.O. Box 5186, Austin, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
		<input type="checkbox"/> YES	
MAILING ADDRESS			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
		<input type="checkbox"/> YES	
MAILING ADDRESS			

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation 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 W. 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	8/24/04	512-320-0888

a. T Code ■ 13196

This report MUST be filed to
satisfy franchise tax requirements

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number

3-20044-2325-0

d. Report year

2005

Corporation name and address



BUTTROSS HOUSING ASSISTANCE

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

0800061480

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

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

Please sign below!

Officer and director
information is reported
as of the date a Public Information Report is
completed. The information is updated annually
as part of the franchise tax report. There is no
requirement or procedure for supplementing the
information as officers and directors change
throughout the year.

Corporation's principal office

1905 N Lamar #200; Austin, TX 78705

Principal place of business

1905 N Lamar #200; Austin, TX 78705

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

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

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

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

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

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage interest
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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/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	Office, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	5-13-05	(512) 320-0888

0272403

05-102
(12-05/25)

3333

b. ■

06158363137 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 3-20044-2325-0	d. Report year 2006
---	------------------------

Corporation name and address

BUTTROSS HOUSING ASSISTANCE
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 0800061480

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

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

- Blacken this circle completely if there are currently no changes to the information preprinted in
Section A of this report. Then, complete Sections B and C.

Corporation's principal office

Principal place of business

Please sign below!

Officer and director
information is reported
as of the date a Public Information Report is
completed. The information is updated annually
as part of the franchise tax report. There is no
requirement or procedure for supplementing the
information as officers and directors change
throughout the year.

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

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

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

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

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

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

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

Agent: ALBERT J HEINRICH
Office: 408 WEST 18TH ST
AUSTIN, TX 78701

- Blacken this circle if you need forms to change this
information. Changes can also be made on-line at
<http://www.sos.state.tx.us/corp/sosda/index.shtml>

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

sign here Officer, director, or other authorized person	Title President	Date 5-12-2006	Daytime phone (Area code and number) 512-320-0888
--	--------------------	-------------------	--

0505909



Office of the Secretary of State

May 27, 2008

Albert J Heinrich
Buttross Housing Assistance
408 West 18th St
Austin, TX 78701

Nonprofit Periodic Report – First Notification Letter

Re: Buttross Housing Assistance
File Number: **800061480**

Dear Registered Agent:

A nonprofit corporation is required by law to file a periodic report with the Secretary of State not more than once every four years. You are hereby notified that the above referenced nonprofit corporation is required to file the periodic report at this time. This periodic report should be completed and received by this office on or before **June 26, 2008**. Failure to file the periodic report when due will result, after notice, in the forfeiture of the corporation's right to conduct affairs in the state of Texas and could ultimately result, after notice, in the involuntary dissolution or termination of the domestic corporation or the revocation of the registration of the foreign corporation.

One copy of the required periodic report is enclosed, along with instructions for completing the report. Make any necessary changes to the preprinted information by typing or printing the new information in the area provided. Submit the periodic report, along with the required filing fee that is shown on the attached report, to the mailing address on the report form. **Please make a copy of this report prior to mailing and retain for the corporation's records.**

For your convenience, the periodic report may be filed online through SOSDirect at <http://www.sos.state.tx.us/corp/sosda/index.shtml>.

If you have any questions about filing the periodic report or require assistance filing online using SOSDirect, please call 512-475-2705 or e-mail ReportsUnit@sos.state.tx.us.

Sincerely,
Reports Unit
Business and Public Filings Division

Enclosure



Office of the Secretary of State
Reports Unit
P.O. Box 12028
Austin, Texas 78711-2028
(Form 802)

Filed in the Office of the
Secretary of State of Texas
Filing #: 800061480 06/04/2008
Document #: 217769740002
Image Generated Electronically
for Web Filing

PERIODIC REPORT - NONPROFIT CORPORATION

File Number: **800061480**

1. The corporation name is: **Buttross Housing Assistance**
2. It is incorporated under the laws of: **TEXAS, USA**
3. The name of the registered agent is: **Albert J Heinrich**
4. The registered office address, which is identical to the business office address of the registered agent in Texas, is:
408 West 18th St, Austin, TX, USA 78701
5. If the corporation is a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated, is:

6. The names and addresses of all directors of the corporation are:

Director/Executive 1: (Individual Name)	Buttross A David Jr	Title:	Director
Address:	P O Box 5396 Austin, TX, USA 78763		
Director/Executive 2: (Individual Name)	David Buttross Sr	Title:	Director
Address:	P O Box 5186 Austin, TX, USA 78763		
Director/Executive 3: (Individual Name)	Jay Marie Buttross	Title:	Director
Address:	P O Box 5186 Austin, TX, USA 78763		

7. The names, addresses and titles of all officers of the corporation are:

Officer 1: (Individual Name)	DAVID BUTTROSS II	Title:	PRESIDENT
Address:	PO BOX 5396 Austin, TX, USA 78763		
Officer 2: (Individual Name)	JAY MARIE BUTTRESS	Title:	SECRETARY
Address:	PO BOX 5186 Austin, TX, USA 78763		
Officer 3: (Individual Name)	DAVID BUTTROSS Sr	Title:	VICE PRESIDENT
Address:	PO BOX 5186 Austin, TX, USA 78763		

Execution:

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

Date: June 4, 2008

David Buttross

Signature of authorized officer

FILING OFFICE COPY



**Forfeiture pursuant to Section 171.309 of the Texas Tax Code
of
Buttross Housing Assistance**

File Number : 800061480

Certificate / Charter forfeited : July 25, 2008

The Secretary of State finds that:

1. The Secretary has received certification from the Comptroller of Public Accounts under Section 171.302 of the Texas Tax Code indicating that there are grounds for the forfeiture of the taxable entity's charter, certificate or registration; and
2. The Comptroller of Public Accounts has determined that the taxable entity has not revived its forfeited privileges within 120 days after the date that the privileges were forfeited.

Therefore, pursuant to Section 171.309 of the Texas Tax Code, the Secretary of State hereby forfeits the charter, certificate or registration of the taxable entity as of the date noted above and records this notice of forfeiture in the permanent files and records of the entity.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Form 801
(Revised 10/08)

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



**Application for Reinstatement
And Request to Set Aside
Tax Forfeiture**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAY 12 2009
Corporations Section

1. The entity name is: BUTTROSS HOUSING ASSISTANCE

The entity is a foreign entity that was required to obtain its registration under a name that differs from the legal name stated above. The name under which the entity is registered is:

2. The file number issued to the entity by the secretary of state is: 8000061480

3. The entity was forfeited or revoked under the provisions of the Tax Code on: 07/25/2008
mm/dd/yyyy

4. The undersigned requests that the forfeiture or revocation of the entity be set aside, and certifies that:

a. The entity has filed each delinquent report that is required by chapter 171 of the Tax Code and has made payment for the tax, penalty, and interest imposed and that is due at the time of this application as evidenced by the attached tax clearance letter; and

b. On the date of forfeiture or revocation, the undersigned person was:

- an officer, director or shareholder of the above-named for-profit or professional corporation; or
- an officer, director, shareholder or member of the above-named professional association; or
- an officer, director, or member of the above-named nonprofit corporation; or
- a member or manager of the above-named limited liability company; or
- a partner of the above-named limited partnership; or
- a trustee or beneficial owner of the above-named statutory or business trust.

Additional Required Documentation or Filings

☒ Comptroller of Public Accounts Tax Clearance Letter

☐ Letter of Consent or Amendment to Certificate of Formation or Registration (Required when entity name is no longer available.)

Execution

The undersigned declares under penalty of perjury, and the penalties imposed by law for the submission of a materially false or fraudulent instrument, that the undersigned is authorized to make this request; that the statements contained herein are true and correct, and that tax clearance was not obtained by providing false or fraudulent information.

Date: MAY 12TH 2009

BY: 

Signature of authorized person (see instructions)

DAVID BUTTROSS

Printed or typed name of authorized person

TEXAS COMPTROLLER of PUBLIC ACCOUNTS

P.O. Box 13528 • AUSTIN, TX 78711-3528



May 11, 2009

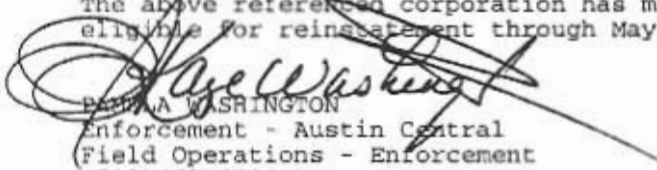
BUTTROSS HOUSING ASSISTANCE
PO BOX 5396
AUSTIN, TX 78763-5396

TAX CLEARANCE LETTER FOR REINSTATEMENT*

To: Texas Secretary of State
Corporations Section

Re: BUTTROSS HOUSING ASSISTANCE
Taxpayer number: 32004423250
File number: 0800061480

The above referenced corporation has met all franchise tax requirements and is eligible for reinstatement through May 15, 2010.


PAMELA WASHINGTON
Enforcement - Austin Central
Field Operations - Enforcement
(512) 463-4094

**To reinstate this entity, an application for reinstatement (SOS Form 801), this tax clearance letter, and the appropriate filing fee, if applicable, must be filed with the Texas Secretary of State on or before the expiration date of this letter.*

An application and instructions for reinstatement can be obtained by visiting <http://www.sos.state.tx.us/corp/forms.shtml> or by calling 512/463-5581.

Note: If the entity fails to reinstate on or before the tax clearance date indicated in this letter, additional franchise tax filing requirements must be met and a new request for tax clearance must be submitted prior to reinstatement.



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

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements

PWAL480
9386

■ Taxpayer number

■ 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.

3 2 0 0 4 4 2 3 2 5 0 2 0 0 9

Taxpayer name
BUTTROSS HOUSING ASSISTANCE

Mailing address
PO BOX 5396

City
AUSTIN

State
TX

ZIP Code
78763

Plus 4

Secretary of State file number or
Comptroller file number

0800061480

● 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.



3200442325009

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

Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City								
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City								
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City								
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City								

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

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

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

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

Agent: ALBERT J HEINRICH

Office: 408 WEST 18TH

City: AUSTIN

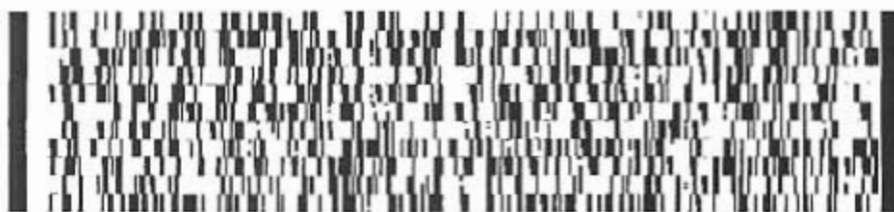
State: TX

ZIP Code: 78701

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: DIRECTOR Date: 05-12-2009 Area code and phone number: (512) 320-0888



VE/DE ☐ PIR IND ☐



0914426273