As Secretary of State

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

N/A

Tax ID:

32004423250

Type: FEIN:

Duration:

Perpetual

Name:

Buttross Housing Assistance

Address:

PO BOX 5396

AUSTIN, TX 787635396 USA

REGISTERED AGENT	FILING HISTORY NA	AMES	MANAGEN	MENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Last Update	Name	Tit	tle	Add	ress	
June 4, 2008	DAVID BUTTROS	S II PR	ESIDENT		3OX 5396 in, TX 78763 U	JSA
June 4, 2008	DAVID BUTTROS		CE ESIDENT		3OX 5186 in, TX 78763 U	JSA
June 4, 2008	JAY MARIE BUTTRESS	SE	CRETARY		3OX 5186 in, TX 78763 U	JSA
June 4, 2008	Buttross A David Jr	Dir	rector	7 7 3 5 5 5 5 6	Box 5396 in, TX 78763 U	JSA
June 4, 2008	David Buttross Sr	Di	rector		Box 5186 in, TX 78763 U	JSA
June 4, 2008	Jay Marie Buttross	Dir	rector		Box 5186 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 for

BUTTROSS HOUSING ASSISTANCE, INC. In the Office of the Secretary of State of Texas FILED

MAR 0 6 2002

ARTICLE ONE

Corporations Section

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 food faith;
- (b) reasonably believed that:
 - 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
 - in all other cases, his conduct was at least not opposed to the corporation's best interests;
- 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:

Name	Address
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

1719 Enfield Road

Incorporator

The name and address of the incorporator is:

			Austin, Texas	78703		
100000000000000000000000000000000000000		have here	unto set my har	nd this	5	_ day of
March	 , 2002.		111	11	71	
			DAVID A BUT	TROSS		

THE STATE OF TEXAS §
COUNTY OF TRAVIS §

DAVID A. BUTTROSS

I, Blake Landow, a notary public, do hereby certify that on this 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 2 1 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.

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

By:

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

INSTRUCTIONS

- It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to <u>corpinfo@sos.state.tx.us</u>. As information on out-of-state financial institutions is maintained on a separate database, a financial institution must call (512) 463-5701 to verify registered agent and registered office information. If the information on the form is inconsistent with the records of this office, the statement will be returned.
- You are required by law to provide a street address in item 4 unless the registered office is located in a city with a population of 5,000 or less. The purpose of this requirement is to provide the public with notice of a physical location at which process may be served on the registered agent. A statement submitted with a post office box address or a lock box address will not be filed.
- 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

					1	
(Rev.2032))	3333	b. =			033	36131965
= 12100 - = 10100 -		_		Do not write in	n the space	above
a. T Code = 13 195 Franchise = 15 195 Bank TEXAS FRANCHISE TAX		C	. Taxpayer i	dentification number		i. Report year
PUBLIC INFORMATION REPORT MUST be filed to satisfy franchise tax requirements Corporation name and address		-		32004423250		2003
Buttross Housing Assistance	135			e. PIR/IND =	□ 1. 2,	3. 4
P.O. Box 5396						number or, if none, stered number
Austin, TX 78763				Comp	g.m	B BIECO NUMBER
				Item k on Franchis Tax Report form, F		08000614803
the following information MUST be provided for the Secretary of ompany that files a Texas Corporation Franchise Tax Report. Use information will be available for public inspection, the preprinted information is not correct, please type or print to Pleasure this explication appropriately if these are purpositive as the second providers and the second providers are providers as the second providers are provided to the second providers and the second providers are provided to the second providers and the second providers are second providers as the second providers are second providers.	Ise additional s	heets for Section	ns A. B. an	d C. if necessary		
the preprinted information is not correct, please type or print to	he correct info	rmation.	30 0.9			
Blacken this circle completely if there are currently no cha	nges to the info	ormation preprin	ited in Sec	tions A, B, and C o	of this repo	rt.
Corporation's principal office	1400 W An	derson Lane				
Principal place d business	1400 W An	derson Lane				
ECTION A. Name, title, and mailing address of each officer	and director.	7.00			or production	
VAME		111	LE]	-	Social Se	curity No. (Optional
David A. Buttross			Presiden	t X YES	Te	rm experation/mm-dd-yyyy
P.O. Box 5396,	Austin, TX	78763				
TAME		TII	LE]		Social S	cunty No. (Option)
David A. Buttross			VP	X YES	116	m expiration/mm dd yyyy
P.O. Box 5396,	Austin, TX	78763			1.0	m expirations in do yyyy
(AME)	reading to		LE	_	Social Se	scurity No. (Option)
David A. Buttross			Secretar	y X YES	1	
P.O. Box 5396,	Austin TX	78763			10	rm expiration/nm-dd-yyyy
AME]			LE	DIRECTOR	Social Se	curity No. (Option)
David A. Buttross			Treasure	YES	L	
P.O. Box 5396,	Austin TV	79747			1e	m expiration/mm-dd-yyyy
YAME]	Austin, 1.A	78703 [TIT	LE	DIRECTOR	Social S	scurity No. (Option)
				YES		TO THE PARTY OF TH
VAILING ADDRESS				17120	Te	rm expirations will dd yyyy
ECTION B. List each corporation or limited liability company percent (10%) or more. Enter the information re	, if any, in whice	h this reporting ch corporation	corporation or limited li	n or limited liability ability company.	company	owns an interest of ten
Name of owned (subsidiary) corporation		State of incorp	poration	Texas SOS file	number	Percentage Interest
Name of owned (subsidiary) corporation		State of incorp	poration	Texas SOS file	number	Percentage Interest
ECTION C. List each corporation or limited liability company	, il any, that ov	vns an interest o	of ten perce	ent (10%) or more	in this rep	orling corporation or lim
liability company. Enter the information request Name of owning (parent) corporation	ed for each cor	State of incorp		Texas SOS file	number	Percentage Interest
		-1-25,15-				A A A A A A A A A A A A A A A A A A A
Registered agent and registered office currently on file(See instructions	if you need to m	wke changes.)				
Agent: David A. Buttross						
Office: 1400 W. Anderson Lane, Austin, TX 78757				O Blacken to change	this circle i e this infor	you need forms mation.
declare that the information in this document and any attachments is	true and correct)	o the best of my k	nowledge an	d belief and that a co	opy of this re	port has been mailed to ea
person named in this report who is emplificer or director and who is not Officer, director, or other authorized person	Title	yed by this corpora	Date	ed liability company of	or a related	corporation. one (Area code and number
sign here	1000	sident	7.555	0/20/03		12-320-0888
	1	20000	· *	TOTAL STATE		



3

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

DEC 17 2003

Corporations Section

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE The name of the entity is Buttross Housing Assistance 1. 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. The registered office address as PRESENTLY shown in the records of the Texas 3. 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 A. The name of the NEW registered agent is Albert J. Heinrich, Attorney 6. 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 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

(SF-02 * * * INTERNET *	** 3333	b. =		04240220462
a. T Code = 13196 Franchise = 16196 Ba	nk		Do not write	n the space above
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT		2 85 83	dentification number -20044-2325-0	d. Report year 2004
MUST be filed to satisfy franchise tax requirements Corporation name a	and address ——			□1214
Buttross Housing Assistance			e. PIR / IND	at State file number or, if none,
P.O. Box 5396 Austin, TX 78763				etroller unchartered number
			Item k on Franchis Tax Report, Form	se
If the preprinted information is not correct, please type of	r print the correct information.			
The following information MUST be provided for the Sec company that files a Texas Corporation Franchise Tax F necessary. The information will be available for public in	Report. Use additional sheets to spection.	r Sections A. B. ar.	nd C, if	
 Blacken this circle completely if there are currently of this report. Then, complete Sections B and C. 	no changes to the information p	preprinted in Section	an A	n below! Officer and director
Corporation's principal office				information is reported
1905 N. Lamar #200, A	Austin, TX 78705		completed. It	a a Public Information Report is ne information is updated annually
Principal place of business	TV 7970E		as part of the requirement or	franchise tax report. There is no procedure for supplementing the
1905 N. Lamar #200, a SECTION A. Name, title, and mailing address of each			Information as throughout the	officers and directors change
NAME	oncer and director.	IULE-		Term expiration (mm-dd-yyyy)
David Buttross II		Preside	nt X YES	
MAILING AUDRESS	5706 Austin TV 79767			
NAME	5396, Austin, TX 78763	THILE	DIRECTOR	Term expiration (mm-dd-yyyy)
David Buttross Sr.		V.P.	X YES	
.MAILING ADDRESS .]			1100	
P.O. Box	5186, Austin. TX 78763	THICET	- Colorcino	Term expiration (mm-dd-yyyy)
Jay Marie Buttros	s	Secreta		
The second secon	5186, Austin, TX 78763			-2
NAME]		TITLE	DIRECTOR	
:MAILING ADDRESS:			1; 1153	-
;NAME		III.FF.	YES	Term expiration (nun-dd-yyyy)
MAILING ADDRESS				
SECTION B. List each corporation or timited liability or percent (10%) or more. Enter the inform	impany, if any, in which this repation requested for each corpor	oning corporation ration or limited liab	or limited liability collity company.	ompany owns an interest of ten
Name of owned (subsidiary) corporation	State of	incorporation	Texas SOS file num	ber Percentage Interest
Name of owned (subsidiary) corporation	State of	incorporation	Texas SOS file num	bei Percentage Interest
SECTION C. List each corporation or limited liability co- hability company. Enter the information r	empany, if any, that owns an integration	erest of ten percer or limited hability of	at (10%) or more in ompany.	this reporting corporation or limited
Name of owning (parent) corporation		incorporation	Texas SO5 file num	bei Percentage Interest
Registered agent and registered office currently on file. (See in: Agent: Albert J. Heinrich Office: 108 W 19th St. Austin TV 79701	structions if you need to make chang	0	Blacken this circle	if you need forms to change this
Office: 408 W. 18th St, Austin, TX 78701			information. Change	ges can also be made on-line at sate.tx.us/corp/sosda/index.shtml
I declare that the information in this document and any attachm been mailed to seth person named in this report who is an office	ents is true and correct to the best of	f my knowledge and I ly employed by this o	belief, as of the date to	elow, and that a copy of this report has jability company or a related corporation
sign Officer, director, or other authorized person	Trile	Date		Daytime phone (Area code and number
here	President		8/24/04	512-320-0888

	-102 -04/23
--	----------------

3333

		17	3
	D.		

Ø5137412832 ØØØ2

a. T Code = 13196

This report MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number 3-20044-2325-0 d. Report year 2005

TEXAS	FRANCHISE	TAX PUBLIC IN	FORMATION	REPORT
1 -/-	I III/IIIIOI IIOL	LOCAL OPPION	I CHIMAIICH	TIEL CITT

Corporation name and address

4 e. PIR / IND

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

Item k on Franchise Tax Report, Form 05-142 0800061480

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

Hardladdooldlandlal

PO BOX 5396

BUTTROSS HOUSING ASSISTANCE

APEZ-E4785 XT NITZUA

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

Corporation's principal office 1905 N Lamar #200; Austin, TX 7870	5
Principal place of business 1905 N Lawar \$200; Austin, TX 7	
SECTION A. Name, title, and mailing address of each officer and direct	tor.

Blacken this circle completely if there are currently no changes to the information preprinted in

Please sign below! Officer and director as of the date a Public Information is reported completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the

		ear.
TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
PRESIDENT	YES	
TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
VICE PRESI	YES	
TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
SECRETARY	YES	
TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DIRECTOR	X YES	
TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DIRECTOR	X YES	
	PRESIDENT PRESIDENT VICE PRESI NITLE SECRETARY DIRECTOR	TITLE DIRECTOR VICE PRESI VES TITLE DIRECTOR VICE PRESI VES TITLE DIRECTOR SECRETARY VES DIRECTOR DIRECTOR

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.

State of incorporation	Texas SOS file number	Percentage interest
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.

Nume of owning (parent) corporation		State of accorporation	Texas SOS tild number	Percentage Interest
Agent: ALBERT J HEINRICH Office: 408 WEST 18TH ST AUSTIN, TX 78701	instructions If you now	od to make changes.)	Blacken this circle if you n information. Changes can http://www.sos.state.tx.	

of an almost the set the or local.	Of an in the a decrement and a	and a second sec	the board of my beautains and	the Kat on altho date below	and that a name of this contact has
decime that the mixim	apon in this document and a	iny attachments is true and correct t	o me best of my knowledge and	Dunot, as of the cale Decw.	and that a copy of this report has company or a related corporation.
	A second of the Market and the first	the second secon	and the same of th	and the second s	the second secon
seen minied to each be	abon named in this report wit	to is an officer of director and who is	not currently employed by this	corporation or innited itability	company or a related corporation.
				The state of the s	The second secon

been mailed to each person named in this report who is an office			
sign nere Officer, a color or other authorized person	President	5-13-05	Daytime phone (Area code and number) (512) 320 - 0888
			0272403

3333

b. m

06158363137 0002

Do not write in the space above

n T Code = 13196

This report MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number 3-20044-2325-0 d. Report year 2006

TEXAS	FRANCHISE	TAX PUBLIC	INFORMATION	REPORT

Corporation name and address

SONATZIZZA DNIZUOH ZZORTTUB 4PEZ XOB OP

JPEZ-EJTAT XT NITZUA

e.PIR/IND

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

Item 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 Tex 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 tranchise 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.	- 1		procedure for supplementing the officers and directors change ear.
NAME:	TITLE	Carlotte Committee	Term expiration (mm-dd-yyyy)
DAVID BUTTROSS II	PRESIDENT	YES	
MAILING ADDRESS			
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID BUTTROSS SR	VICE PRESI	YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN. TX 78763			
NAME:	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
JAY MARIE BUTTRESS	SECRETARY	YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN, TX 78763			
NAME	MYLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID BUTTROSS II	DIRECTOR	X YES	
MAILING ADDRESS			
PO BOX 5396 AUSTIN, TX 78763	THEFT		
NAME	MILE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID BUTTROSS SR	DIRECTOR	X YES	
MAILING ADDRESS			
PO BOX 5186 AUSTIN. TX 78763			
promotion that the state of the		- 18 - 18 15 - 1- 1116	

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.

State of inc./organization	Texas SOS file number	Percentage Interest
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
	100		
	A CONTRACTOR AND A CONT		

legistered 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.borp.bosda.index.shtml

t 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 been mailed to each posson 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	report has
been mailed to each poison 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	1

sign here Officer of actor, or other authorized person

president

5-12-2006

Daytime phone (Area code and number)

Reports Unit P.O. Box 12028 Austin, Texas 78711-2028



Phil Wilson Secretary of State

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

- The corporation name is: Buttross Housing Assistance
- It is incorporated under the laws of: <u>TEXAS</u>, <u>USA</u>
- The name of the registered agent is: Albert J Heinrich
- 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

- 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		

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

Title: PRESIDENT
Title: SECRETARY
The state of the s
Title: VICE PRESIDENT

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



Hope Andrade Secretary of State

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:

- 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
- 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.



Hope Andrade Secretary of State

- Am

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 1 2 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
- 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

PO. Box 13528 . Augrin, 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 ellerable for reinstatement through May 15, 2010.

Enforcement - Austin Contral 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.

Form 06-377 (Rev.5-05/2)

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		50 50	10 0000 Au	■ Report ye	ar	You	have certai	in right	s under Chapter 552	and 559, Gov	emment Code.	
3 2	0 0 4	4 2	3 2	5 0	2 0	0 9		to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, tall free nationwide.					
Mailing add	HOUSING AS	SISTANCE								Secretary of	State file nun	mber or	
PO BOX 539 City	96			15	State			Ptus	Comptroller file number				
AUSTIN				f	X		78763	1		080006148	0		
Black Entity's prin		ere are currer	ndy no chi	anges or ado	fitions to the in	nformation disp	olayed in Section	on A of this n	eport.	Then complete Sect	ions B and C.		
Principal pla	ice of busines	4								1000 mm	annarmann	momento	
Time-poi pro													
Please sig	gn below!	Report is c report. Th	completed ere is no re	The inform equirement	nation is updat	ported as of the ed annually as p for supplement nout the year.	part of the fran	ichise tax		32	20044232	5009	
	Name, title	and mailin	g address	of each off	ficer, director	or member.							
Name					Title		Director		Term I I I I I I I				
								0	YES	expiration		1 1 1	
Mailing add	ress				City					State	ZIP code		
Name					Title			Direc	ctor	m	m d	d , ,	
								0	YES	Term expiration		111	
Mailing add	ress				City					State	ZIP code	8	
Name			Title			Direc	ctor	m	m d	d y y			
								0	YES	Term expiration			
Mailing add	ress				City			1		State	ZIP code		
Name					Title			Direc	ctor	m	m d	d y y	
								0	YES	Term expiration		1 1 1	
Mailing add	ress				City			1		State	ZIP code		
SECTION B	Enter the i	nformation	required	for each cor	rporation or L	LC, if any, in w	hich this repo	rting entity	owns :	an interest of	J.		
	ten percen	t (10%) or n	more.								420000000000000		
Name of owned (subsidiary) corporation or limited liability company					ompany	State o	of formation	Texas 505 file number, if any Percentage of O			of Ownership		
Name of ow	ned (subsidia	ry) corporati	ion or limit	ted liability of	ompany	State o	of formation	Te	xas SOS	file number, if any	Percentage	of Ownership	
SECTION C	Enter the in	nformation	required !	for each cor	poration or L	LC, if any, that	owns an inter	rest of ten p	ercent	(10%) or more in t	his reporting	8	
entity or limited liability company. Name of owned (parent) corporation or limited liability company					naav.	State o	Texas SOS file number, if any Percentage of Ownership						
rearrie of ow	ned (parent)	curporacium	or annited	nacinty com	party	State	of formation	1.6	xas 303	the number, it any	reiteillage	or Ownership	
	300000000000		e currently	on file. (See	instructions if	you need to ma	ke changes)			circle if you need for stered agent or reg			
Agent: ALBERT J HEINRICH Office: 408 WEST 18TH								State ZIP Code					
			on 171,203	of the Tax Cod	le for each corpo	eration or limited I	AUSTIN liability company	y that files a Te	exas Fran	TX nchise Tax Report, Use	7870 additional shee		
					e for public inspe								
										te below, and that a co rporation or limited lia			
sign	11/	_	_			Title DIRECTO	S.P.	Date			ode and phor		
here	W			-					-12.	-2009 (512	1) 320 -	0888	
				100	1-1: CAROLE	uniamina	O)IIITEE EUL	10my		PARTY FORE			
■ 181 ·	11, 111, 01	JAMES L	$u_{-1/2}$	11.11		1,711,74		J.		VE/DE	O PIR	IND O	
1 (4)	Stable of	0.776	003.33	ACK P	(mage	am) Later (LONG MOUNTS	(Ca		1 1	- 1		
110	m) (40 m)	11.1	WITE S	graff A	TO THE	Train .		10					
1 .9.		The	Ulra()	I do Val		man print	ATTIMES!	1.5					
I.W.	May .	ALL BOOK IN		1	July Libb	rappy k	i al l'indue de l'in	140					
L I	Dannin II	i milio li	411105	milit i	Dillagon'r	INCOME LA	Take directly	0.00					