

Business Organizations | Trademarks | Help/Fees |

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 129779100

Entity Type: Domestic For-Profit

Corporation

Original Date of Filing: January 14, 1004

Entity Status: In existence

Formation Date:

N/A

Tax ID: 17426960195

FEIN:

Duration:

Perpetual

Name:

DAVID ANTHONY, INC.

Address:

PO BOX 5396

Austin, TX 78763-5396 USA

REGISTERED AG*T	FILING HISTORY N	MES_	MANAGE	MENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Last Update	Name	Tit	le	Addı	ress	
January 10, 2003	DAVID ANTHON' BUTTROSS	Y PR	ESIDENT		OX 5396 n, TX 78763 U	JSA
January 10, 2003	DAVID ANTHON' BUTTROSS	Y Dir	rector		OX 5396 in, TX 78763 U	JSA
January 10. 2003	DAVID ANTHON' BUTTROSS II	Y SE	CRETARY		OX 5396 in, TX 78763 U	JSA
January 101 2003	DAVID ANTHON' BUTTROSS II	Din	rector		OX 5396 in, TX 78763 U	JSA
January 1/1. 2003	DAVID ANTHON: BUTTROSS II	TR	EASURER		OX 5396 in, TX 78763 U	JSA
January 10, 2003	DAVID ANTHON' BUTTROSS II) Dii	rector		OX 5396 in, TX 78763 U	JSA

Return to Search

Instructions:

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

Secretary of State Tope Andrade

Business Organizations | Trademarks | Help/Fees |

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Address:

PO BOX 5396

Austin, TX 78763-5396 USA

REGISTERED FILIN HISTO		S MANAGI		ASSUMED NAMES	ASSOCIATED ENTITIES
Assumed Name	Date of Filing	Expiration Date	Inactive Date	Name Status	Counties
KAMRAN REAL ESTAT	TE November 12, 1997	November 12, 2007	November 2007	12, Expired	All Counties
BUTTROSS MOTORS	December 17, 1997	December 17, 2007	December 2007	17, Expired	All Counties
David Anthony Interiors	April 1, 2010	April 1, 2020		Active	TRAVIS,

Ration to Sourch

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

JAN 1 4 1994

ARTICLES OF INCORPORATION

Corporations Section

ARTICLE ONE

The name of the corporation is DAVID ANTHONY, INC ..

ARTICLE TWO

The period of its duration is perpetual.

ARTICLE THREE

The purpose for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Texas Business Corporation Act.

For the purpose of any and all business within the scope of Real Estate sales transactions.

ARTICLE FOUR

The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) of the par value of One and No/100 Dollars (\$ 1.00) each.

ARTICLE FIVE

The corporation will not commence business until it has received for the issuance of shares consideration of the value of One Thousand Dollars (\$1,000.00) consisting of money, labor done or property actually received.

ARTICLE SIX

The street address of its initial registered office is
6810 Deatonhill #113, Austin, Texas 78745, and the name of its
initial registered agent at such address is David Anthony
Buttross II.

ARTICLE SEVEN

The number of directors constituting the initial board of directors is one, and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

David Anthony Buttross II 3020 Windsor Austin, Texas 78703 President

ARTICLE EIGHT

The name and address of the incorporator is: David Anthony Buttross II of 3020 Windsor, Austin, Texas 78703.

David Anthony Buttross II

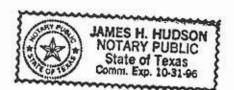
STATE OF TEXAS

COUNTY OF TRAVIS)

Before me, a notary public, on this day personally appeared David Anthony Buttross II, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 14 day of

January, A.D., 1994.



(Printed or stamped name)
Notary Public, State of Texas
My commission expires:

1994

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

NOV 12 1997

Corporations Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH BY A CORPORATION, LIMITED LIABILITY COMPANY OR LIMITED PARTNERSHIP

... A . 1 O. H

1.	The name of the entity is additional the
	The entity's charter/certificate of authority/file number is 0 129779
2.	The registered office address as PRESENTLY shown in the records of the Texas secretary of state is: 6810 Deatonhill #113, Austin, Texas 78745
3.	A The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
	1111 W. 24th St, AUSTIN, Texas 78705
OR	B The registered office address will not change.
4.	The name of the registered agent as PRESENTLY shown in the records of the Texas
	secretary of state is David Anthony Buttross, I
OR 6.	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.
7.	The changes shown above were authorized by: Business Corporations may select A or B Limited Liability Companies may select D or E Non-Profit Corporations may select A, B, or C Limited Partnerships select F
	A The board of directors; B. \(\sum_{\text{An officer of the corporation so authorized by the board of directors;} \) C The members of the corporation in whom management of the corporation is vested pursuant to article 2.14C of the Texas Non-Profit Corporation Act; D Its members;
	E Its managers; or
	F The limited partnership. (Authorized Officer of Corporation) (Authorized Member or Manager of LLC) (General Partner of Limited Partnership)

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

ASSUMED NAME CERTIFICATE

NOV 12 1997

	me under which the business or professional service is or is to dered is Kamran Real Estate
The state, countr	y, or other jurisdiction under the laws of which it was incorpora
organized or asso its registered or s	ciated is Texes , and the addres imilar office in that jurisdiction is 1111 w. 24th 5t.
The period, not to	o exceed 10 years, during which the assumed name will be used is
The entity is a (ci	rcle one):
	Business Corporation
	Non-Profit Corporation
	Professional Corporation
	Professional Association
	Limited Liability Company
	Limited Partnership Registered Limited Liability Partnership
	Registered Limited Liability Partnership
If the entity is association, pleas	some other type of incorporated business, professional or or especify below:
If the entity is r	equired to maintain a registered office in Texas, the address o

7.	If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is and the office address elsewhere is
8.	The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT"): All counties
	Signature of officer, general partner, manager, representative or attorney-in-fact of the entity
	nty of Travis
Bef kno	ore me, the undersigned authority, on this day personally appeared Davio Buttoss. Secretory, Davis Anthony, Inc. own to me to be the person who signed the foregoing instrument, and acknowledged to me the executed the instrument for the purposes therein expressed.
	ven under my hand and seal of office on this 7 day of November 1997
	(Note) Seath H. JOHN CLARKE, JR. Notary Public, State of Texas My Commission Expires March 18, 1998 Notary Public Notary Public



Office of the Secretary of State

Corporations Section

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

DEC 17 1997

ASSUMED NAME CERTIFICATE

	TIDSCHIED THEM CERTIFICATE
	Corporations Section
۱.	The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is
	David Anthony, Inc.
2.	The assumed name under which the business or professional service is or is to be conducted or rendered is
	Buttross Motors
3.	The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is Texas , and the address of its registered or similar office in that jurisdiction is
	1111 W. 24th St. AUSTIN, TX 78705
	The period, not to exceed 10 years, during which the assumed name will be used is
5.	The entity is a (circle one):
•	Business Corporation
	Non-Profit Corporation
	Professional Corporation
	Professional Association
	Limited Liability Company
	Limited Partnership
	Registered Limited Liability Partnership
	If the entity is some other type of incorporated business, professional or other association, please specify below:
	NIA
5.	If the entity is required to maintain a registered office in Texas, the address of the
-	registered office is 1111 W. 24th St. AUSTIN, TX 78705
	The state of the s

	David Buttrass
	The address of the principal office (if not the same as the registered office) is Same
	If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is
	and if the entity is not incorporated, organized or associated under the laws of
	Texas, the address of its place of business in Texas is 1/29 and the office address elsewhere is 1/29
	The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT"):
	ALI
	11111
	66/15/6
	Signature of officer, general partner, manager,
	representative or attorney-in-fact of the entity
	of TEXAS
1	of TEXAS
1	of TEXAS ty of TRAVIS
1 O	of TEXAS ty of TRAVIS ore me, the undersigned authority, on this day personally appeared DAVID BUTTROSS
o v	of TEXAS ty of TRAVIS ore me, the undersigned authority, on this day personally appeared DAVID BUTTROSS we no me to be the person who signed the foregoing instrument, and acknowledged to

In the Office of the Secretary of State of Texas

APR 17 2000

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT BY A PROFIT CORPORATION

Corporations Section

1. The name of the corporation is David Anthony, Inc.

The corporation's charter number is 1297791-0.

2. The address of the CURRENT registered office as shown in the records of the Texas Secretary of State is:

STREET ADDRESS

1111 West 24th Street

CITY

Austin

TEXAS ZIP

78705

3. The address of the NEW registered office is:

STREET ADDRESS

4408 Spicewood Springs Road, Suite 100

CITY

Austin

TEXAS ZIP

78759

- 4. The name of the CURRENT registered agent as shown in the records of the Texas Secretary of State is David Anthony Buttross II.
- 5. The name of the NEW registered agent is Charles J. Young.
- 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.
- The changes shown above were authorized by the Board of Directors.

David Anthony, Inc.

By:

David A.

Buttross I

President

002990

2000

(1) who 05-102	3333	b =	i	012012 10013
(Rev 9-00/19)			De net unte in th	
a T Code = 13196	6.5	a Trypayer	Do not write in the identification number	d Report year
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed with your Corporation Franchise Tax Report	, _		74-2696019-5	2001
DAVID ANTHONY INC	daddress .		1.00.01.00.00	1, 2, 3, 4
PO BOX 5186			Secretary of Comptro	State file number or, if none, ller unchartered number
AUSTIN TX 78763-5186				01297791-00 4
The following information MUST be provided for the Secre company that files a Texas Corporation Franchise Tax Re			nited liability	
"SECTION A" MUST BE COMPLETE AND ACCURATE If preprinted information is not correct, please type or print	the correct informati	Please sign	below!	
Blacken this circle completely if there are currently ne		W. District Add Water M.	A STATE OF THE PARTY OF THE PAR	report
Corporation's principal office				
Principal place of business				
SECTION A Name, title and mailing address of each of	licer and director Use			4
NAME		TITLE		Social Security No (Optional)
DAVID, MAILING ADDRESS 1		I P	χYES	Expiration date (mm-dd-yyyy,
NAME		TITLE	DIRECTOR	Social Security No (Optional)
MAILING ADDRESS			YES	Expiration data (mm-dd-yyyy
DATE		(www.w.)		
NAME		TITLE	DIRECTOR S	Social Security No (Optional)
MAILING ADDRESS				Expiration date (mm-dd-yyyy)
NAME.		TITLE		Social Security No (Optional)
-MAILING ADDRESS			YES	Expiration date (mm-dd-yyyy
NAME	10 = 83	TITLE	DIRECTOR	Social Security No (Optional)
			YES	
MAILING ADDRESS				Expiration data (mm-dd-yyyy
SECTION B. List each corporation or limited liability com- percent (10%) or more. Enter the information	ipany, if any, in which on requested for eac	this reporting corporation h corporation	or limited liability com	pany owns an interest of ten
Name of owned (subsidiary) corporation		State of incorporation	Texas S O S file nu	mber Percentage Interest
Name of owned (subsidiary) corporation	-	State of incorporation	Texas S O S file nu	mber Percentago Interest
SECTION C List each corporation or limited liability com				
liability company Enter the information red Name of owning (parent) corporation	quested for each corp	State of incorporation	Texas S O S file nu	
Registered agent and registered office currently on file (Changes	must be filed separately	with the Secretary of State)		
Agent CHARLES J YOUNG				
Office 4408 SPICEWOOD SPRINGS RD., S AUSTIN, TX 78759	STE. 10		O Blacken this to change the	circle if you need forms
I doclare that the information in this document and any attachmen	is is true and correct to t	he best of my knowledge and	belief and that a copy of t	his report has been mailed to each
person named in this report who is an officer or director and who	Title	Date		ytme phone (Ared code and number
sign here	Presic	levit 7-	18-01 5	12-320-0888

		I		l .
05:102 (Rev.2-02:50)	3333	b. m	3	121842 21279
a. T Code # 13196			Do not write in the sp	above 1210
TEXAS FRANCHISE TAX			14-2696019-5	d. Report year 2002
PUBLIC INFORMATION REPORT MUST be filed with your Corporation Franchise Tax Report			74 2030013 3	2002
DAVID ANTHONY INC	ddress			2, 3, 4
PO BOX 5186				file number or, if none, nchartered number
AUSTIN	TX 78763-5186	5	Item k on Franchise	g. =
			Tax Report form, Page 1	01297791-00 4
The following information MUST be provided for the Secreta company that files a Texas Corporation Franchise Tax Repo	150 CONTRACTOR SHOWS IN			
SECTION A' MUST BE COMPLETE AND ACCURATE.		Please sign		
f preprinted information is not correct, please type or print the	e correct information.	Please sign	. Illiniin	
Blacken this circle completely if there are currently no c	hanges to the informa	suon preprinted in Secti	ons A, B, and C of this rep	ort.
Corporation's principal office				,
Principal place of business				
SECTION A. Name, title and mailing address of each office	er and director. Use a	dddional sheets, if nece	SSRIV	
NAME		MYLE	DIRECTOR Socia	Security No. (Optional)
DAVID David Anthony 1	Buttross	IL : p Presid	ent X YES	Expiration date (mm-ad-ryyy
	ustin .T	X 78763		Expiration data (min-do-133)
NAME DAVIDE A A		TITLE Sec	retar DIRECTOR Socia	Security No. (Optional)
-DAVID David Anthony 3	uttross I	DIRECTO	Y X YES	Expiration date (mm-dd-yyyy
P.O. Box 5396 : F	Austin,	TX 78763		
David Anthon But	Tross I	Treasu		Security No. (Optional)
MAILING ADDRESS:	17033 1	Circ Consensus	ACT X YES	Expiration date (mm-od-yyyy)
P.O. BOX 5396; F	fustin , Tx	C 78763	DIRECTOR Socia	4
NAME		- III	YES	Security No. (Optional)
MAILING ADDRESS			1,100	Expiration date (mm-ad-yyyy
NAME		MITLE	"DIRECTOR Socia	Security No. (Optional)
a management the same and the s			YES	
MAILING ADDRESS	20 10	t.		Expiration date (mm-ad-yyyy
SECTION B. List each corporation or limited liability compa	any if any in which th	is reporting cornoration	or limited liebility company	owns an interest of ten
percent (10%) or more. Enter the information		corporation. Use addition	onal 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 compa	anu d'anu that ausai	en interest of the serve	at (10%) as more in the sea	adia acrostina or busin
liability company. Enter the information requi			ompany. Use additional si	heets, if necessary.
Name of owning (parent) corporation		State of incorporation	Texas S.O.S. file number	Percentage interest
Registered agent and registered office currently on file. (Changes me	ust be filed separately wit	h the Secretary of State.)		
Agent CHARLES J YOUNG				
Office: 4408 SPICEWOOD SPRINGS RD., ST AUSTIN, TX 78759	E. 100			le if you need forms
			to change this in	
I declare that the information in this document and any attachments in person named in this report who is an officer or director and who is a	is true and correct to the to not currently employed by	best of my knowledge and this corporation or limited	belief and that a copy of this re liability company or a related or	port has been mailed to each exporation.
sign Officer, director, or other authorized person	Title	Date	•	phone (Area code and number
here 9	Preside	m 6-	(51	2) 320 - 0888



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

OCT 2 1 2002

Corporations Session

	CHANGE OF REGISTERED AGENT/REGISTERED OFFICE
1.	The name of the entity is David Anthony, Inc.
	and the file number issued to the entity by the secretary of state is 1297791
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.

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

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

INSTRUCTIONS

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

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

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

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

Form No. 401 Revised 9/99

(AL) 05-102 (33	33		a V		
(Rev.2032);	ت ا	=	Do not write in	0327416 the space at	1 1 - 4
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed to satisfy franchise tax requirements		District Street	denbfication number 4-2696019-5	d	Report year 2003
Corporation name and address	9		e. PIR / IND	1, 2, 3,	4
DAVID ANTHONY INC		13	1,757,750,757,750,757	of State file nu troller unchart	imber or, if none. ored number
A612-E4767 XT NITZUA			Item k on Franchise	g. m	
\$1005 			Tex Report form, P		297791-00 4
The following information MUST be provided for the Secretary of State (Scompany that files a Texas Corporation Franchise Tax Report. Use add the information will be available for public inspection. If the preprinted information is not correct, please type or print the correct Blacken this circle completely if there are currently no changes to the	tional sheets for Se t information. Ple	ase sign	below!	e i z	
Corner phon's purposed office					
Principal place of business		Austin	,TX 787	157	
Principal place of business 1400 W. Anderson	- (n; +	Austin	, TX 78	157	
SECTION A. Name, title, and mailing address of each officer and direct	tor.	TITLE	LERECTOR	Social Secu	urity No. (Optional)
DAVID ANTHONY BUTTROSS	N	PRESIDEN			, , , , , , , , , , , , , , , , , , , ,
MAILING ADDRESS				Term	expiration(mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763		TITLE.	-DIRECTOR	Social Secu	unity No. (Optional)
DAVID ANTHONY BUTTROSS II		SECRETAR	Y YES		
PO BOX 5396 AUSTIN, TX 78763				Term	expiration(mm-dd-yyyy)
NAME:		TITLE	DIRECTOR	Social Sect	urity No. (Optional)
DAVID ANTHONY BUTTROSS II		TREASURE	R YES	Term	expiration(mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763				2 (3.365)	
NAME		TITLE	DIRECTOR	Social Secu	urity No. (Optional)
DAVID ANTHONY BUTTROSS		DIRECTOR	X YES	Term	expiration(mm-da-yyyy)
PO BOX 5396 AUSTIN, TX 78763		TITLE	DIRECTOR	Social Secu	urity No. (Optional)
DAVID ANTHONY BUTTROSS II		DIRECTOR	X YES	1	
PO BOX 5396 AUSTIN, TX 78763				Tern	expiration(mm-ad-yyyy)
SECTION B. List each corporation or limited liability company, if any, in				mpany own	s an interest of ten
percent (10%) or more. Enter the information requested f Name of owned (subsidiary) corporation		n or limited liab corporation	Texas SOS file n	umber	Percentage Interest
The Total of Orthod (Septiment)	1 012.0 012.	corporation	Texas oco me n		r crontage morest
Name of owned (subsidiary) corporation	State of in	corporation	Texas SOS file n	umber	Percentage Interest
SECTION C. List each corporation or limited liability company, if any, the liability company. Enter the information requested for each				this reporting	g corporation or limited
Name of owning (parent) corporation		corporation	Texas SOS file n	umber	Percentage Interest
Registered agent and registered office currently on file. (See instructions if you need Agent: CHARLES J YOUNG Office; 1400 WEST ANDERSON LANE AUSTIN, TX 78757	d to make changes.)			his circle if y	ou need forms
I declare that the information in this document and any attachments is true and corr person named in this regort who is an officer or director and who is not currently en	rect to the best of my	knowledge and b	elief and that a copy of ability company or a re	of this report h	as been mailed to each bon.
oten. Officer, director py-other authorized person Title	2400 0000	Date		Daytrne phon	e (Area code and number)
here Pr	esident	9-	29-03	(512)	320 - 0888
The state of the s					0200121



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

The name of the entity is David Anthony Inc.
and the file number issued to the entity by the secretary of state is 1297791
The entity is: (Check one.)
a business corporation, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, as provided by the Texas Business Corporation Act.
a non-profit corporation, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act.
a limited liability company, which has authorized the changes indicated below through its members or managers, as provided by the Texas Limited Liability Company Act.
a limited partnership, which has authorized the changes indicated below through its partners, as provided by the Texas Revised Limited Partnership Act.
an out-of-state financial institution, which has authorized the changes indicated below in the manner provided under the laws governing its formation.
The registered office address as PRESENTLY shown in the records of the Texas
secretary of state is 1400 West Anderson lane, Austin, Tx 78757
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
☐ B. The registered office address will not change.
The name of the registered agent as PRESENTLY shown in the records of the Texas
secretary of state is Charles J. Young
A. The name of the NEW registered agent is Albert J. Heinrich, Attorney
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.
- 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.

Form No. 401 Revised 9/99

05-102 (Rev,7-03/22)	3333	b. =		11010171000
. I Code ■ 13196			Do not write in the	04240121630
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be liked to satisfy franchise tax requirements	=		74-2696019-5	d. Report year 2004
Corporation name and address		5/2	e. PIR/IND	1, 2, 3, 4
DAVID ANTHONY INC			10000000000000000000000000000000000000	state file number or, if none,
PO BOX 5396 APER-EA763 XT NITZUA			Compton	g. =
AUS 11N 1 X 7 B 7 B 3 - 3 3 1 B			Item k on Franchise Tax Report, Form 05-1	42 0129779100 4
If the preprinted information is not correct, please type or print the corr	ect information.			
The following information MUST be provided for the Secretary of State company that files a Texas Corporation Franchise Tax Report. Use ad necessary. The information will be available for public inspection.	(SOS) by each co iditional sheets for	rporation or lim Sections A. B.	ited liability and C, if	
 Blacken this circle completely if there are currently no changes to of this report. Then, complete Sections B and C. 	the information pr	eprinted in Sec	Please sign	below! Officer and directo
Corporation's principal office 1905 N. Lamar #200	Austin, 7	¥ 18105	as of the date a	Information is reported Public Information Report information is updated annual
Principal place of business 1905 N. Lamar #200	Austin , 7	X 18105	as part of the fram requirement or pro	schice tax report. There is no ocedure for supplementing the ficers and directors change
SECTION A. Name, title, and mailing address of each officer and dir NAME.	ector.	TITLE	throughout the year	r. erm expiration (mm-dd-yyvy)
DAVID ANTHONY BUTTROSS		PRESIDE		erm expiration (min-bo-yyvy)
PO BOX 5396 AUSTIN, TX 78763				
NAME:	-	TITLE	EDIRECTOR TO	erm expiration (mm-ad-yyyy)
DAVID ANTHONY BUTTROSS II		SECRETA	RY YES	
PO BOX 5396 AUSTIN, TX 78763		TITLE	I DIRECTOR: T	erm expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS II		TREASUR		
PO BOX 5396 AUSTIN, TX 78763				
NAME		THILE	:DIRECTOR: To	erm expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS		DIRECTO	R X YES	_
PO BOX 5396 AUSTIN, TX 78763				
NAME.		TITLE,		erm expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS II		DIRECTO	OR X YES	
PO BOX 5396 AUSTIN, TX 78763 SECTION B. List each corporation or limited liability company, if any percent (10%) or more. Enter the information requeste	, in which this reput	rting corporatio	n or limited liability comp	any owns an interest of ten
Name of owned (subsidiary) corporation		corporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation	State of in	corporation	Texas SOS file number	Percentage Interest
SECTION C. List each corporation or limited liability company, if any liability company. Enter the information requested for a	, that owns an inte	est of ten perc	ent (10%) or more in this	reporting corporation or limiter
Name of owning (parent) corporation		corporation	Texas SOS file number	Percentage Interest
Registered agent and registered office currently on Me. (See instructions if your	nood to make change	j.)		
Agent: ALBERT J HEINRICH		-20		
Office: 408 WEST 18TH ST AUSTIN, TX 78701				ou need forms to change this can also be made on-line at

1 Date 8 24-04

0199230 3333

b. **=**

05187421008 0002

Do not write in the space above

a. T Code # 13196

This report MUST be filed to satisfy tranchise tax requirements

c. Taxpayer identification number 1-74-2696019-5

e. PIR / IND

d. Report year 2005

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation name and address —

DAVID ANTHONY INC
PO BOX 5396
APEZ-5375X XT NITZUA

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

llem k on Franchise Tax Report, Form 05-142 0129779100

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.

*11 7 .4 2 6 S 6	£ 1 9 5 % 5 A

Blacken this circle completely if there are currently no changes to the inf Section A of this report. Then, complete Sections B and C.	ormation preprinted	lin 4	Dlanse	sian	below! Officer and director
Corporation's principal office 1905 N Lamar # 200, Austin, TX	78705	- 1	as of th	e date	information is reported a Public Information Report is information is updated annually
1905 N. Lamar # 200, Austin, T.			as part of requirement	of the fr	ranchise tax report. There is no procedure for supplementing the officers and directors change
SECTION A. Name, title, and mailing address of each officer and director.			througho	ut the ye	ear.
NAME	ार्ग	Ēij.	DIRE	CTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS	PRI	SIDENT		YES	
MAILING ADDRESS		- 100-11	1000	200000000	
PO BOX 5396 AUSTIN, TX 78763					
NAME	TITL	E)	DIRE	CTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS II	· SEC	RETARY		YES	
MAIUNG ADDRESS					
PO BOX 5396 AUSTIN, TX 78763					
NAME	(TITL	4	DIRE	CTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS II	TRE	ASURER		YES	r si
MAILING ADDRESS				1.20	
PO BOX 5396 AUSTIN, TX 78763					
NAME	MIL		DIRE	CTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS	nis	RECTOR	ĺx.	YES	
MAIUNG ADDRESS	1011	LOTOR	1 1/	120	
PO BOX 5396 AUSTIN, TX 78763					
NAME)	mil	ER	DIRE	CTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS II	-	RECTOR	X	YES	
MAILING ADDRESS	1011	LUTUR	1 10	ILO	
PO BOX 5396 AUSTIN, TX 78763		1047			120-22
SECTION B. List each corporation or limited liability company, if any, in whice percent (10%) or more. Enter the information requested for each	th this reporting cor ich corporation or li	poration or mited liabilit	limited liab y compan	oility cor y.	npany owns an interest of ten
Name of owned (subsidiary) corporation	State of incorporation	on Te	xas SOS fil	e numbe	Percentage Interest

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS tile 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 SQS file number	Percentage Interest
Registered agent and registered office currently on file. (See Agent: ALBERT J HEINRICH Office: 408 WEST 18TH ST AUSTIN, TX 78701		Blacken this circle if you n information. Changes can http://www.sos.state.tx.c	need forms to change this a also be made on-line at us,corp,sosda,index.sitim!

I declare that the information in this document	nont and any attachments is true and correct to the best	of my knowledge and belief, as of the date be	ow, 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 curre	ntly employed by this corporation or limited lial	itity company or a related corporation.

sign) Office	er, director, o other authorized person	President	6-29-2005	Daytime phone (Area code and number (512)320 - 0888
	V	15		0272293

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.

In the Office of the Secretary of State of Texas

MAR 1 4 2007

Corporations Section

The name of the entity is:			
David Anthony, Inc.			
State the name of the entity as currently shown in the	e records of the secretary of state.		
The file number issued to the filing entity b	y the secretary of state is:	129779100	
The registered agent and registered office of secretary of state are: Albert J. Heinrich,	명이 없었다. 그리고 있는데 회사가 보다면 하다면 다시 내가 되었다. 나 아이는	vn on the record	ls of the
08 West 18th., Austin, TX 78701			
The certificate of formation or registration	tered Agent/Registered is modified to change the re	HATE OF A CAPPER THE PARTY.	and/or office of
The certificate of formation or registration the filing entity as follows:	is modified to change the re	gistered agent a	
The certificate of formation or registration the filing entity as follows: Re. (Complete either A or B, but not	is modified to change the re gistered Agent Change t both. Also complete C if the add	egistered agent a	
The certificate of formation or registration the filing entity as follows:	is modified to change the re gistered Agent Change t both. Also complete C if the add	egistered agent a	
The certificate of formation or registration the filing entity as follows: Re. (Complete either A or B, but not	is modified to change the registered Agent Change tooth. Also complete C if the addinization (cannot be entity named a	egistered agent a ress has changed.)	
The certificate of formation or registration the filing entity as follows: Registration of the filing entity as follows: Registered agent is an organized or A. The new registered agent is an organized or	is modified to change the registered Agent Change tooth. Also complete C if the addinization (cannot be entity named a	egistered agent a ress has changed.)	
The certificate of formation or registration the filing entity as follows: Reg (Complete either A or B, but not A. The new registered agent is an organ OR B. The new registered agent is an individual of the second of the sec	is modified to change the registered Agent Change to both. Also complete C if the addinization (cannot be entity named a vidual resident of the state w	egistered agent a ress has changed.)	ne of:
The certificate of formation or registration the filing entity as follows: Reg (Complete either A or B, but not A. The new registered agent is an organ OR B. The new registered agent is an individual of the second of the sec	is modified to change the registered Agent Change to both. Also complete C if the addinization (cannot be entity named a vidual resident of the state was a last Name gistered Office Change	egistered agent a ress has changed.) above) by the name whose name is:	ne of:
The certificate of formation or registration the filing entity as follows: Register (Complete either A or B, but not A. The new registered agent is an organism B. The new registered agent is an indifferent Name M.I. Register (Register Name)	is modified to change the registered Agent Change to both. Also complete C if the addinization (cannot be entity named a vidual resident of the state was a last Name gistered Office Change	egistered agent a ress has changed.) above) by the name whose name is:	ne of:

RECEIVED

Form 401

MAR 14 2007

Secretary of State

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

there, $\mathbf{B}_{\mathrm{O}}(\mathbf{G})$. The \mathbf{F}_{O}
filed by the secretary of state.
is not more than ninety (90) days from
ure event or fact, other than the
fect in the manner described below:
-

Signature and title of authorized person (see instructions)

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT 05-102 (To be filed by Corporations and Limited Liability Companies (LLCS)) (Rev. 1-08/28) This report MUST be filed to satisfy franchise tax requirements ■ Tcode 13196 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. 2 7 0 4 2 Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide. DAVID ANTHONY INC Mailing address PO BOX 5396 Secretary of State file number or Comptroller file number Plus 4 5396 City IZIP Code TX 78763 0129779100 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 Officer, director and member information is reported as of the date a Public Information Please sign below! 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. SECTION A Name, title and mailing address of each officer, director or member. Name Title Director Term DAVID ANTHONY BUTTROSS II DIRECTOR (e) YES expiration ZIP code 78763 Mailing address State AUSTIN PO BOX 5396 TX Title Director Name d Term DAVID ANTHONY BUTTROSS II TREASURER YES (0) expiration Mailing address PO BOX 5396 ZIP code 78763 City State TX Title Name Director d Term DIRECTOR DAVID ANTHONY BUTTROSS II YES ◉ expiration IZIP code Mailing address PO BOX 5396 City State 78763 Title Name Director Term DIRECTOR DAVID ANTHONY BUTTROSS YES (e) expiration ZIP code Mailing address City State PO BOX 5396 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 State of formation Name of owned (subsidiary) corporation or limited liability company 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 Texas SOS file number, if any |Percentage of Ownership State of formation

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 PRESIDENT Date 08/20/2009 Area code and phone number (512) 320 - 0888

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VE/DE O PIR IND



TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Companier 05-102

(Rev. 1-08/28)

(To be filed by Corporations and Limited Liability Companies (LLCS))

Taxpayer number	■ Report year	You	have certain right		
1 7 4 2 6 9 6					and 559, Government Code
11/11/21013101	0 1 9 5 2 0 0	9 to rev			re have on file about you. 381, toll free nationwide.
Taxpayer name DAVID ANTHONY INC					
Mailing address PO BOX 5396					State file number or file number
City AUSTIN	State TX	ZIP Code 78763	Plus 4 5396	012977910	0
Blacken circle if there are current	ly no changes or additions to the informa	ation displayed in Section	A of this report. T	Then complete Sect	ions B and C.
Entity's principal office				1	
Principal place of business					
Please sign below! Report is cor report. Ther	ctor and member information is reported impleted. The information is updated ann e is no requirement or procedure for sup ctors, or members change throughout the	nually as part of the franc oplementing the informat	hise tax	1	742696019509
SECTION A Name, title and mailing	address of each officer, director or me	mber.			
Name	Title		Director	Term I	m d d y y
DAVID ANTHONY BUTTROSS II	SECRETARY		O YES	expiration	
Mailing address PO BOX 5396	AUSTIN			State TX	ZIP code 78763
Name	Title		Director	Term I	m d d y y
DAVID ANTHONY BUTTROSS	PRESIDENT		O YES	expiration	
Mailing address PO BOX 5396	City			State TX	ZIP code 78763
Name	Title		Director	Term 1	m d d y y
	11200		O YES	expiration	
Mailing address	City			State	ZIP code
Name	Title		Director YES	Term expiration	m d d y y
Mailing address	City		1	State	ZIP code
SECTION B Enter the information re ten percent (10%) or mo	equired for each corporation or LLC, if ore.	any, in which this repor	ting entity owns a	an interest of	- 4
Name of owned (subsidiary) corporatio	n or limited liability company	State of formation	Texas SOS	S file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporatio	n or limited liability company	State of formation	Texas SOS	S file number, If any	Percentage of Ownership
SECTION C Enter the information re entity or limited liability	equired for each corporation or LLC, if a company.	any, that owns an intere	est of ten percent	(10%) or more in	his reporting
Name of owned (parent) corporation of	r limited liability company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Registered agent and registered office Agent: ALBERT J HEINRICH	currently on file. (See instructions if you n	eed to make changes)		circle if you need fi istered agent or reg	orms to change istered office information.
Office: 7901 CAMERON RD., BLDG.	3, STE 100	City		State	ZIP Code 78754
	n 171,203 of the Tax Code for each corporation remation will be available for public inspection	or limited liability company	that files a Texas Fra		
It declare that the information in this docume	ent and any attachments is true and correct to	the best of my knowledge a	nd belief, as of the da	te below, and that a c	opy of this report has been
sign	who is an officer, director or member and who Π	is not currently employed by îtle	y this, or a related, co Date	Area	ode and phone number
here		PRESIDENT	08/20/2009	(51	2) 320 - 0888







Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 129779100 4/1/2010 Document #: 301692100003 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

 The assumed name under which the business or professional service is or is to be conducted or rendered is:

David Anthony Interiors

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

DAVID ANTHONY, INC.

- The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: 7901 Cameron Rd., Bldg. 3, Ste 100, Austin, TX, USA 78754
- The period, not to exceed 10 years, during which the assumed name will be used is:
 04/01/2020
- 5. The entity is a : Domestic For-Profit Corporation
- 6. The entity's principal office address in Texas is:

7901 Cameron Road, Bldg. 3, Suite 100, Austin, TX, USA 78754

- 7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES LISTED BELOW: TRAVIS,

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

DAVID ANTHONY, INC.

Name of the entity

By: David Anthony Buttross

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY