

Texas Secretary of State

Hope Andrade

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

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

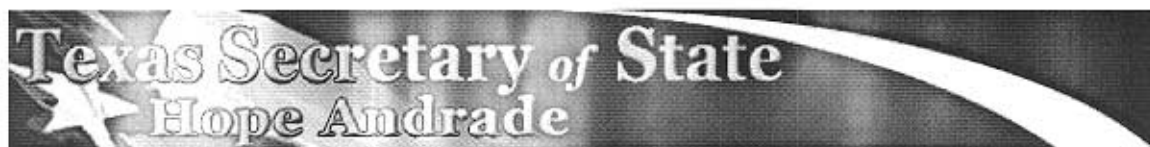
Filing Number: 129779100 **Entity Type:** Domestic For-Profit Corporation
Original Date of Filing: January 14, 1994 **Entity Status:** In existence
Formation Date: N/A
Tax ID: 17426960195 **FEIN:**
Duration: Perpetual
Name: DAVID ANTHONY, INC.
Address: PO BOX 5396
 Austin, TX 78763-5396 USA

<u>REGISTERED</u> <u>AGENT</u>	<u>FILING</u> <u>HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> <u>NAMES</u>	<u>ASSOCIATED</u> <u>ENTITIES</u>
Last Update	Name	Title	Address		
January 10, 2003	DAVID ANTHONY BUTTROSS	PRESIDENT	PO BOX 5396 Austin, TX 78763 USA		
January 10, 2003	DAVID ANTHONY BUTTROSS	Director	PO BOX 5396 Austin, TX 78763 USA		
January 10, 2003	DAVID ANTHONY BUTTROSS II	SECRETARY	PO BOX 5396 Austin, TX 78763 USA		
January 10, 2003	DAVID ANTHONY BUTTROSS II	Director	PO BOX 5396 Austin, TX 78763 USA		
January 10, 2003	DAVID ANTHONY BUTTROSS II	TREASURER	PO BOX 5396 Austin, TX 78763 USA		
January 10, 2003	DAVID ANTHONY BUTTROSS II	Director	PO BOX 5396 Austin, TX 78763 USA		

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Instructions:

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



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BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

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Original Date of Filing: January 14, 1994 **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 AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Assumed Name	Date of Filing	Expiration Date	Inactive Date	Name Status	Counties
KAMRAN REAL ESTATE	November 12, 1997	November 12, 2007	November 12, 2007	Expired	All Counties
BUTTROSS MOTORS	December 17, 1997	December 17, 2007	December 17, 2007	Expired	All Counties
David Anthony Interiors	April 1, 2010	April 1, 2020		Active	TRAVIS,

[Return to Search](#)

Instructions:

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

FILED
In the Office of the
Secretary of State of Texas

JAN 14 1994

Corporations Section

ARTICLES OF INCORPORATION

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.

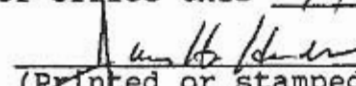

David Anthony Buttross II

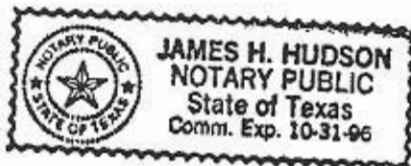
STATE OF TEXAS)

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




FILED
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

1. The name of the entity is David Anthony Inc
The entity's charter/certificate of authority/file number is 01297791
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 Buttrass, II
5. A. ☐ The name of the NEW registered agent is _____
OR B. ☒ The registered agent will not change.
6. 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. ☒ 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

- Corporations Section
1. 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 Kamran Real Estate
 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.
 4. The period, not to exceed 10 years, during which the assumed name will be used is 10 years
 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:

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 1111 W. 24th St., Austin, Texas 78705 and the name of its registered agent at such address is David Anthony Buttrass, II
The address of the principal office (if not the same as the registered office) is Same

RECEIVED NOV 12 1997

Office of the
Secretary of State



Corporations Section

P.O. Box 13697
Austin, Texas 78710-3697
In the Office of the
Secretary of State of Texas

DEC 17 1997

ASSUMED NAME CERTIFICATE

Corporations Section

1. 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

Buttress 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

4. The period, not to exceed 10 years, during which the assumed name will be used is

10 years

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:

N/A

6. 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

registered agent at such address is _____ and the name of its

The address of the principal office (if not the same as the registered office) is same

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is NA/A

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 N/A
and the office address elsewhere is N/A

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

[Signature]

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

State of TEXAS

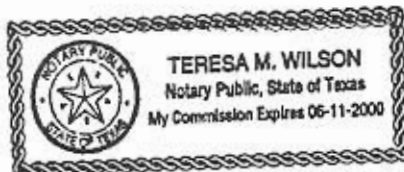
County of TRAVIS

Before me, the undersigned authority, on this day personally appeared _____

DAVID BUTTROSS

known to me to be the person who signed the foregoing instrument, and acknowledged to me that he executed the instrument for the purposes therein expressed.

Given under my hand and seal of office on this 16th day of December 1997



Miss M. White

04/24/94 5-2-94

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

FILED
In the Office of the
Secretary of State of Texas

APR 17 2000

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:

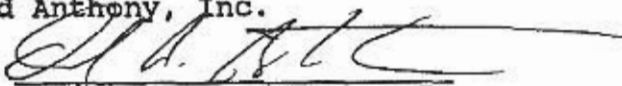
STREET ADDRESS 4408 Spicewood Springs Road, Suite 100

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.
6. 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 the Board of Directors.

David Anthony, Inc.

By:


David A. Buttross II,
President

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b

012012 10013

Do not write in the space above

a T Code 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

Corporation name and address

DAVID ANTHONY INC
PO BOX 5186
AUSTIN TX 78763-5186

c Taxpayer identification number 1-74-2696019-5	d Report year 2001
--	-----------------------

e PIR/IND 1, 2, 3, 4
Secretary of State file number or, if none, Comptroller unchartered number
Item k on Franchise Tax Report form, Page 1 01297791-00 4

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. The information will be available for public inspection.

"SECTION A" MUST BE COMPLETE AND ACCURATE

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

Please sign below!



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

Corporation's principal office
Principal place of business

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

NAME DAVID	TITLE P	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				

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

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

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

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

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., STE. 10
AUSTIN, TX 78759

Blacken this circle if you need forms to change this information

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

sign here [Signature]	Officer, director, or other authorized person	Title President	Date 7-18-01	Daytime phone (Area code and number) 512-320-0888
--------------------------	---	--------------------	-----------------	--

0367342

05-102
(Rev. 2-02-99)

3333

b. ■

Do not write in the space above

02184221279

a. T Code ■ 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

c. Taxpayer identification number

1-74-2696019-5

d. Report year

2002

e. PIR / IND ■ 1, 2, 3, 4

Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise
Tax Report form, Page 1

01297791-00

4

Corporation name and address
DAVID ANTHONY INC
PO BOX 5186
AUSTIN TX 78763-5186

The following information MUST be provided for the Secretary of State (S.O.S.) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

SECTION A MUST BE COMPLETE AND ACCURATE.

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

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

Corporation's principal office

Principal place of business

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

NAME DAVID David Anthony Buttross II	TITLE President	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS P.O. Box 5396 ; Austin, TX 78763			Expiration date (mm-dd-yyyy)
NAME DAVID David Anthony Buttross II	TITLE Secretary	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS P.O. Box 5396 ; Austin, TX 78763			Expiration date (mm-dd-yyyy)
NAME David Anthony Buttross II	TITLE Treasurer	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS P.O. Box 5396 ; Austin, TX 78763			Expiration date (mm-dd-yyyy)
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS			Expiration date (mm-dd-yyyy)
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS			Expiration date (mm-dd-yyyy)

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

Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest
Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest

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

Name of owning (parent) corporation	State of incorporation	Texas S.O.S. file number	Percentage interest
-------------------------------------	------------------------	--------------------------	---------------------

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., STE. 100
AUSTIN, TX 78759Blacken this circle if you need forms
to change this information.

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

sign
here

Officer, director, or other authorized person

Title

President

Date

6-19-02

Daytime phone (Area code and number)

(512) 320-0888

0371698



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

FILED
In the Office of the
Secretary of State of Texas

OCT 21 2002

Corporations Section

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the entity is 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.

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

By: 

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

INSTRUCTIONS

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

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

Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Checks or money orders must be payable through a U.S. bank or other financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.
5. Two copies of the form along with the filing fee should be mailed to the address shown in the heading of this form. The delivery address is: Secretary of State, Statutory Filings Division, Corporations Section, James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. We will place one document on record and return a file stamped copy, if a duplicate copy is provided for such purpose. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709.

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

3333

b. ■

03274161422

Do not write in the space above

a. T Code ■ 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

Corporation name and address

DAVID ANTHONY INC
PO BOX 5186
AUSTIN TX 78763-5186

c. Taxpayer identification number

1-74-2696019-5

d. Report year

2003

e. PIR / IND ■ 1. 2. 3. 4

Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise
Tax Report form, Page 1

01297791-00

4

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.

Please sign below!

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

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

Corporation's principal office			
1400 W. Anderson Ln ; Austin ,TX 78757			
Principal place of business			
1400 W. Anderson Ln ; Austin ,TX 78757			
SECTION A. Name, title, and mailing address of each officer and director.			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID ANTHONY BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID ANTHONY BUTTROSS II	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID ANTHONY BUTTROSS II	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID ANTHONY BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763			
NAME	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID ANTHONY BUTTROSS II	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS			Term expiration (mm-dd-yyyy)
PO BOX 5396 AUSTIN, TX 78763			

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

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

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

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage interest
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Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: CHARLES J YOUNG
Office: 1400 WEST ANDERSON LANE
AUSTIN, TX 78757

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

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

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	9-29-03	(512) 320-0888

0392410



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

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

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

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

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

By: [Signature]
(A person authorized to sign
on behalf of the entity)

INSTRUCTIONS

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

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

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

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

3333

b. ■

a. T Code ■ 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

Corporation name and address

DAVID ANTHONY INC
PO BOX 5396
AUSTIN TX 78763-5396

c. Taxpayer identification number

1-74-2696019-5

d. Report year

2004

e. PIR / IND ■ 1, 2, 3, 4

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

Item k on Franchise
Tax Report, Form 05-142

0129779100

4

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

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



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

Corporation's principal office

1905 N. Lamar #200 Austin, TX 78705

Principal place of business

1905 N. Lamar #200 Austin, TX 78705

Please sign below!

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

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

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

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

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

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

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

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

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

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

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

sign here 	Officer, director, or other authorized person President	Date 8-24-04	Daytime phone (Area code and number) 512-320-0888
---------------	--	-----------------	--

0199230

05-102
(9-04/23)

3333

b. ■

05187421008 0002

a. T Code ■ 13196

This report MUST be filed to
satisfy franchise tax requirements

Do not write in the space above

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number

1-74-2696019-5

d. Report year

2005



Corporation name and address

DAVID ANTHONY INC
PO BOX 5396
AUSTIN TX 78763-5396

e. PIR / IND

1 4

Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise
Tax Report, Form 05-142

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

Corporation's principal office

1905 N Lamar #200, Austin, TX 78705

Principal place of business

1905 N Lamar #200, Austin, TX 78705

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

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
DAVID ANTHONY BUTTROSS	PRESIDENT	<input type="checkbox"/> YES	
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
DAVID ANTHONY BUTTROSS II	SECRETARY	<input type="checkbox"/> YES	
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
DAVID ANTHONY BUTTROSS II	TREASURER	<input type="checkbox"/> YES	
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
DAVID ANTHONY BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			
DAVID ANTHONY BUTTROSS II	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS PO BOX 5396 AUSTIN, TX 78763			

Please sign below!

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

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

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

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

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

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

Agent: ALBERT J HEINRICH
Office: 408 WEST 18TH ST
AUSTIN, TX 78701● Blacken this circle if you need forms to change this
information. Changes can also be made on-line at
<http://www.sos.state.tx.us/corpsosda/index.shtml>

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

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	6-29-2005	(512) 320-0888

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.

FILED
In the Office of the
Secretary of State of Texas

MAR 14 2007

Corporations Section

Entity Information

The name of the entity is:

David Anthony, Inc.

State the name of the entity as currently shown in the records of the secretary of state.

The file number issued to the filing entity by the secretary of state is: 129779100

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

408 West 18th., Austin, TX 78701

Change to Registered Agent/Registered Office

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

Registered Agent Change

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

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

OR

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

First Name

M.I.

Last Name

Suffix

Registered Office Change

☒ C. The business address of the registered agent and the registered office address is changed to:

7901 Cameron Rd. Bldg.3 Suite #100

Austin

TX

Street Address (No P.O. Box)

City

State

Zip Code

The street address of the registered office as stated in this instrument is the same as the registered

RECEIVED

MAR 14 2007

Secretary of State

agent's business address.

Statement of Approval

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

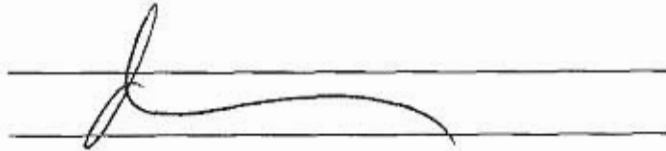
Effectiveness of Filing (Select either A, B, or C)

- A. ☐ This document becomes effective when the document is filed by the secretary of state.
- B. ☒ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: March 14th, 2007
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:
- _____
- _____

Execution

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

Date: March 14th, 2007

A handwritten signature in black ink, consisting of a stylized capital 'L' followed by a horizontal stroke, is written over two horizontal lines.

Signature and title of authorized person (see instructions)



Comptroller
of Public
Accounts
TCA00A

05-102

(Rev. 1-08/28)

Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

Report year

1 7 4 2 6 9 6 0 1 9 5 2 0 0 9

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

Taxpayer name
DAVID ANTHONY INC

Mailing address
PO BOX 5396

City
AUSTIN

State
TX

ZIP Code
78763

Plus 4
5396

Secretary of State file number or
Comptroller file number

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

Please sign below!

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



1742696019509

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

Name

Title

DAVID ANTHONY BUTTROSS II

DIRECTOR

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

DAVID ANTHONY BUTTROSS II

TREASURER

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

DAVID ANTHONY BUTTROSS II

DIRECTOR

Mailing address
PO BOX 5396

City
AUSTIN

Name

Title

DAVID ANTHONY BUTTROSS

DIRECTOR

Mailing address
PO BOX 5396

City
AUSTIN

Director

YES

Term

expiration

m m d d y y

State
TX

ZIP code
78763

Director

YES

Term

expiration

m m d d y y

State
TX

ZIP code
78763

Director

YES

Term

expiration

m m d d y y

State
TX

ZIP code
78763

Director

YES

Term

expiration

m m d d y y

State
TX

ZIP code
78763

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

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

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

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

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

Agent: ALBERT J HEINRICH

Blacken circle if you need forms to change the registered agent or registered office information.

Office: 7901 CAMERON RD., BLDG. 3, STE 100

City
AUSTIN

State
TX

ZIP Code
78754

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

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

sign
here

Title
PRESIDENT

Date
08/20/2009

Area code and phone number
(512) 320 - 0888

VE/DE

PIR IND

PIR IND

PIR IND





Comptroller
of Public
Accounts
FORM

05-102

(Rev. 1-08/28)

Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

Report year

1 7 4 2 6 9 6 0 1 9 5 2 0 0 9

Taxpayer name
DAVID ANTHONY INC

Mailing address
PO BOX 5396

City
AUSTIN

State
TX

ZIP Code
78763

Plus 4
5396

Secretary of State file number or
Comptroller file number

0129779100

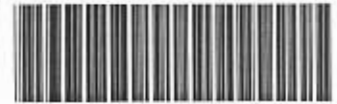
☐ Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

Please sign below!

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



1742696019509

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

Name **DAVID ANTHONY BUTTROSS II** Title **SECRETARY**

Mailing address **PO BOX 5396** City **AUSTIN**

Name **DAVID ANTHONY BUTTROSS** Title **PRESIDENT**

Mailing address **PO BOX 5396** City **AUSTIN**

Name _____ Title _____

Mailing address _____ City _____

Name _____ Title _____

Mailing address _____ City _____

Director ☐ YES Term expiration m m d d y y

State **TX** ZIP code **78763**

Director ☐ YES Term expiration m m d d y y

State **TX** ZIP code **78763**

Director ☐ YES Term expiration m m d d y y

State _____ ZIP code _____

Director ☐ YES Term expiration m m d d y y

State _____ ZIP code _____

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

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

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

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

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

Agent: **ALBERT J HEINRICH**

Office: **7901 CAMERON RD., BLDG. 3, STE 100**

City **AUSTIN**

State **TX**

ZIP Code **78754**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

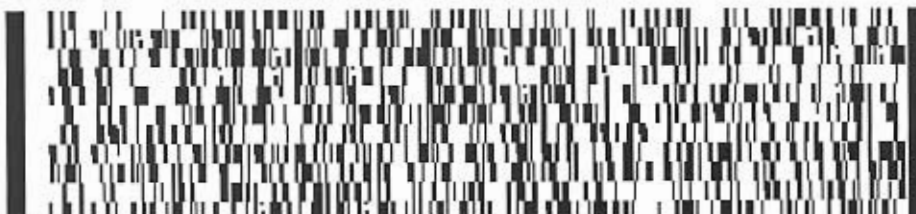
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed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

sign
here

Title **PRESIDENT**

Date **08/20/2009**

Area code and phone number **(512) 320 - 0888**



VE/DE ☐ PIR IND ☐





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**

1. 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.

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:
7901 Cameron Rd., Bldg. 3, Ste 100, Austin, TX, USA 78754

4. 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