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## BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

**Filing Number:** 130560200      **Entity Type:** Domestic For-Profit Corporation  
**Original Date of Filing:** March 17, 1994      **Entity Status:** In existence  
**Formation Date:** N/A  
**Tax ID:** 30117143542      **FEIN:**  
**Duration:** Perpetual  
**Name:** PELICAN FINANCE CORPORATION  
**Address:** 827 THERIOT RD  
 Lake Charles, LA 70611-6115 USA

<u>REGISTERED</u> AGENT	<u>FILING</u> HISTORY	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> NAMES	<u>ASSOCIATED</u> ENTITIES
<b>Name</b>	<b>Address</b>		<b>Inactive Date</b>		
Stevens F Mafrige	411 FANNIN, STE. 200 Houston, TX 77002 USA				

[Return to Search](#)

### Instructions:

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

# Texas Secretary of State

## Hope Andrade

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### BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

**Filing Number:** 130560200      **Entity Type:** Domestic For-Profit Corporation  
**Original Date of Filing:** March 17, 1994      **Entity Status:** In existence  
**Formation Date:** N/A  
**Tax ID:** 30117143542      **FEIN:**  
**Duration:** Perpetual  
**Name:** PELICAN FINANCE CORPORATION  
**Address:** 827 THERIOT RD  
 Lake Charles, LA 70611-6115 USA

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES
<b>Last Update</b>	<b>Name</b>	<b>Title</b>	<b>Address</b>		
June 27, 2007	DAVID BUTTROSS	PRESIDENT	827 THERIOT RD LAKE CHARLES, LA 70611 USA		
June 27, 2007	JOYCE A BUTTROSS	SECRETARY	827 THERIOT RD LAKE CHARLES, LA 70611 USA		
June 27, 2007	JOYCE A BUTTROSS	TREASURER	827 THERIOT RD LAKE CHARLES, LA 70611 USA		
June 27, 2007	DAVID BUTTROSS	Director	827 THERIOT RD LAKE CHARLES, LA 70611 USA		
June 27, 2007	JOYCE A BUTTROSS	Director	827 THERIOT RD LAKE CHARLES, LA 70611 USA		

[Return to Search](#)

#### Instructions:

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

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a. T Code ■ 13196

TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT

MUST be filed with your Corporation Franchise Tax Report

Corporation name and address

PELICAN FINANCE CORPORATION  
827 THERIOT RD  
LAKE CHARLES

LA 70611-6115

c. Taxpayer identification number  
3-01171-4354-2d. 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 01305602-00 3

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:	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID BUTTROSS	P	<input type="checkbox"/> YES	
MAILING ADDRESS:	Expiration date (mm-dd-yyyy)		
827 THERIOT RD LAKE CHARLES, LA 70611			
NAME:	TITLE	DIRECTOR	Social Security No. (Optional)
JOYCE A BUTTROSS	S/T	<input type="checkbox"/> YES	
MAILING ADDRESS:	Expiration date (mm-dd-yyyy)		
827 THERIOT RD LAKE CHARLES, LA 70611			
NAME:	TITLE	DIRECTOR	Social Security No. (Optional)
DAVID BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS:	Expiration date (mm-dd-yyyy)		
827 THERIOT RD LAKE CHARLES, LA 70611			
NAME:	TITLE	DIRECTOR	Social Security No. (Optional)
JOYCE A BUTTROSS	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS:	Expiration date (mm-dd-yyyy)		
827 THERIOT RD LAKE CHARLES, LA 70611			
NAME:	TITLE	DIRECTOR	Social Security No. (Optional)
		<input type="checkbox"/> YES	
MAILING ADDRESS:	Expiration date (mm-dd-yyyy)		

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

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

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

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

Registered agent and registered office currently on file. (Changes must be filed separately with the Secretary of State.)

Agent: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002☐ 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)
	Manager	4/2/02	337-478-5626

0424424



05-102  
(Rev. 2-02/21)

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b. ■

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a. T Code ■ 13196  
**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**  
MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number

3-01171-4354-2

d. Report year

2003

Corporation name and address



PELICAN FINANCE CORPORATION

827 THERIOT RD

LAKE CHARLES LA 70611-6115

e. PIR / IND ■ 1, 2, 3, 4

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

g ■

Item k on Franchise  
Tax Report form, Page 1

01305602-00

3

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

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

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

Corporation's principal office

Principal place of business

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

NAME: DAVID BUTTROSS	TITLE: PRESIDENT	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			Term expiration (mm-dd-yyyy)
NAME: JOYCE A BUTTROSS	TITLE: SECRETARY	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			Term expiration (mm-dd-yyyy)
NAME: JOYCE A BUTTROSS	TITLE: TREASURER	DIRECTOR: <input type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			Term expiration (mm-dd-yyyy)
NAME: DAVID BUTTROSS	TITLE: DIRECTOR	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			Term expiration (mm-dd-yyyy)
NAME: JOYCE A BUTTROSS	TITLE: DIRECTOR	DIRECTOR: <input checked="" type="checkbox"/> YES	Social Security No. (Optional)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			Term expiration (mm-dd-yyyy)

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

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

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

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

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

Agent: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002○ 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 R. D. [Signature]	Officer, director, or other authorized person	Title Manager	Date 4/11/03	Daytime phone (Area code and number) 337-478-5626
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0429017

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b. ■

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a. T Code ■ 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

Corporation name and address

PELICAN FINANCE CORPORATION  
827 THERIOT RD  
LAKE CHARLES LA 70611-6115

c. Taxpayer identification number

3-01171-4354-2

d. Report year

2004

e. PIR / IND ■ 1, 2, 3, 4

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

g. ■

Item k on Franchise  
Tax Report, Form 05-142

0130560200

3

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

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



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

**Please sign below!**

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

Corporation's principal office

Principal place of business

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

NAME: DAVID BUTTROSS	TITLE: PRESIDENT	DIRECTOR: <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME: JOYCE A BUTTROSS	TITLE: SECRETARY	DIRECTOR: <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME: JOYCE A BUTTROSS	TITLE: TREASURER	DIRECTOR: <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME: DAVID BUTTROSS	TITLE: DIRECTOR	DIRECTOR: <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME: JOYCE A BUTTROSS	TITLE: DIRECTOR	DIRECTOR: <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS: 827 THERIOT RD LAKE CHARLES, LA 70611			

## 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: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002

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.

Signature here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
	<i>[Signature]</i>	Manager	4/8/04	337-478-5626

0368133

a. T Code ■ 13196

This report MUST be filed to  
satisfy franchise tax requirements

Do not write in the space above

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number 3-01171-4354-2	d. Report year 2005
---	------------------------

Corporation name and address  
PELICAN FINANCE CORPORATION  
827 THERIOT RD  
LAKE CHARLES LA 70611-6115

e. PIR / IND 1 4	Secretary of State file number or, if none, Comptroller unchartered number g. ■ 0130560200
Item k on Franchise Tax Report, Form 05-142	

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

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



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

Corporation's principal office
Principal place of business

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

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

NAME DAVID BUTTROSS	TITLE PRESIDENT	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE SECRETARY	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE TREASURER	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME DAVID BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			

## 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: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002

☐ 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 RA [Signature]	Officer, director, or other authorized person Title Manager	Date 3/30/05	Daytime phone (Area code and number) 337-478-5626
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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	06110410152-0002
3-01171-4354-2	2006

Corporation name and address

PELICAN FINANCE CORPORATION  
827 THERIOT RD  
LAKE CHARLES LA 70611-6115

e. PIR / IND 1 4

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

Item k on Franchise Tax Report, Form 05-142 0130560200

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

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

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

Corporation's principal office

Principal place of business



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

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

NAME DAVID BUTTROSS	TITLE PRESIDENT	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE SECRETARY	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE TREASURER	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME DAVID BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			

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

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

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

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
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Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002

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

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

sign here 	Title Manager	Date 04/10/06	Daytime phone (Area code and number) 337-478-5626
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a. T Code ■ 13196

This report MUST be filed to satisfy franchise tax requirements

Do not write in the space above

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number 3-01171-4354-2	d. Report year 2007
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Corporation name and address

PELICAN FINANCE CORPORATION  
827 THERIOT RD  
LAKE CHARLES LA 70611-6115

e. PIR / IND 1 4	Secretary of State file number or, if none, Comptroller unchartered number 9. ■ 0130560200
Item k on Franchise Tax Report, Form 05-142	

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

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

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

Corporation's principal office

Principal place of business

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

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

NAME DAVID BUTTROSS	TITLE PRESIDENT	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE SECRETARY	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE TREASURER	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME DAVID BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			
NAME JOYCE A BUTTROSS	TITLE DIRECTOR	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611			

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

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

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

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
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Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: STEVENS F MAFRIGE  
Office: 411 FANNIN, STE. 200  
HOUSTON, TX 77002

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

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

sign here 	Office, director or other authorized person Manager	Title Manager	Date 4/11/07	Daytime phone (Area code and number) 337-478-5626
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0408031





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

3 0 1 1 7 1 4 3 5 4 2 2 0 0 8

Report year

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

Taxpayer name  
**PELICAN FINANCE CORPORATION**

Mailing address  
**827 THERIOT RD**

City  
**LAKE CHARLES**

State  
**LA**

ZIP Code  
**70611**

Plus 4  
**6115**

Secretary of State file number or  
Comptroller file number

**0130560200**

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.



3011714354208

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

Name	Title
<b>DAVID BUTTROSS</b>	<b>PRESIDENT</b>
Mailing address <b>827 THERIOT RD</b>	City <b>LAKE CHARLES</b>
Name	Title
<b>JOYCE A BUTTROSS</b>	<b>DIRECTOR</b>
Mailing address <b>827 THERIOT RD</b>	City <b>LAKE CHARLES</b>
Name	Title
<b>DAVID BUTTROSS</b>	<b>DIRECTOR</b>
Mailing address <b>827 THERIOT RD</b>	City <b>LAKE CHARLES</b>
Name	Title
<b>JOYCE A BUTTROSS</b>	<b>TREASURER</b>
Mailing address <b>827 THERIOT RD</b>	City <b>LAKE CHARLES</b>

Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
State	ZIP code					
<b>LA</b>	<b>70611</b>					
Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
State	ZIP code					
<b>LA</b>	<b>70611</b>					
Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
State	ZIP code					
<b>LA</b>	<b>70611</b>					
Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
State	ZIP code					
<b>LA</b>	<b>70611</b>					

## 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: <b>STEVENS F MAFRIGE</b>	City: <b>HOUSTON</b>	State: <b>TX</b>	ZIP Code: <b>77002</b>

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

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

sign here Title Date Area code and phone number  
(337) 478 - 5626

VE/DE ☐ PIR IND ☐





Comptroller  
of Public  
Accounting  
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

3 0 1 1 7 1 4 3 5 4 2 2 0 0 8

■ Report year

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

Taxpayer name  
PELICAN FINANCE CORPORATION

Mailing address  
827 THERIOT RD

City  
LAKE CHARLES

State  
LA

ZIP Code  
70611

Plus 4  
6115

Secretary of State file number or  
Comptroller file number  
0130560200

○ 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.



3011714354208

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

Name	Title	Director	Term expiration	m	m	d	d	y	y
JOYCE A BUTTROSS	SECRETARY	<input checked="" type="radio"/> YES							
Mailing address	City	State	ZIP code						
827 THERIOT RD	LAKE CHARLES	LA	70611						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input checked="" type="radio"/> YES							
Mailing address	City	State	ZIP code						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City	State	ZIP code						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City	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

## 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: STEVENS F MAFRIGE

Office: 411 FANNIN, STE. 200

City: HOUSTON

State: TX

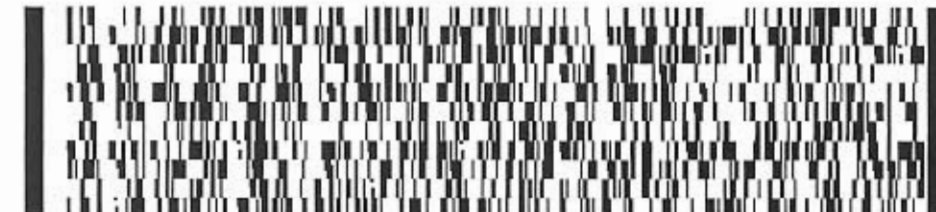
ZIP Code: 77002

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.

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sign here Title Date Area code and phone number (337) 478 - 5626

TEXAS COMPTROLLER OF PUBLIC ACCOUNTING



VE/DE ○ PIR IND ○





Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 1-08/28)

Code 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

Report year

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Taxpayer name  
PELICAN FINANCE CORPORATION

Mailing address  
827 THERIOT RD

City  
LAKE CHARLES

State  
LA

ZIP Code  
70611

Plus 4  
6115

Secretary of State file number or  
Comptroller file number  
0130560200

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.



3011714354209

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

Name	Title
DAVID BUTTROSS	PRESIDENT
Mailing address 827 THERIOT RD	City LAKE CHARLES
Name	Title
JOYCE A BUTTROSS	DIRECTOR
Mailing address 827 THERIOT RD	City LAKE CHARLES
Name	Title
DAVID BUTTROSS	DIRECTOR
Mailing address 827 THERIOT RD	City LAKE CHARLES
Name	Title
JOYCE A BUTTROSS	TREASURER
Mailing address 827 THERIOT RD	City LAKE CHARLES

Director	Term expiration	m	m	d	d	y	y
<input type="radio"/> YES							
State LA	ZIP code 70611						
Director	Term expiration	m	m	d	d	y	y
<input checked="" type="radio"/> YES							
State LA	ZIP code 70611						
Director	Term expiration	m	m	d	d	y	y
<input checked="" type="radio"/> YES							
State LA	ZIP code 70611						
Director	Term expiration	m	m	d	d	y	y
<input type="radio"/> YES							
State LA	ZIP code 70611						

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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: STEVENS F MAFRIGE

Office: 411 FANNIN, STE. 200

City: HOUSTON

State: TX

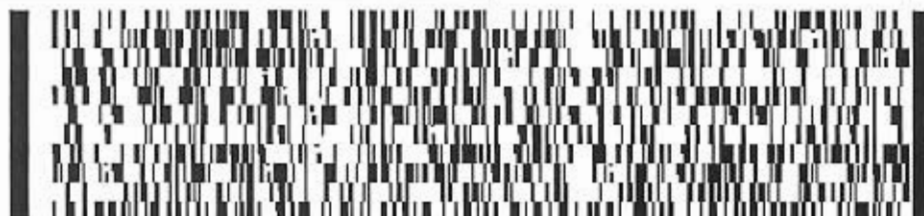
ZIP Code: 77002

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VE/DE ☐ PIR IND ☐







Comptroller  
of Public  
Accounts  
FORM

05-102  
(Rev. 1-08/28)  
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City  
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State  
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Secretary of State file number or  
Comptroller file number

0130560200

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3011714354209

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

Name  
JOYCE A BUTTROSS

Title  
SECRETARY

Mailing address  
827 THERIOT RD

Name

Mailing address

Name

Mailing address

Name

Mailing address

Name

Director  
YES

Term expiration

m m d d y y

State  
LA

ZIP code  
70611

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

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.

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

## 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.

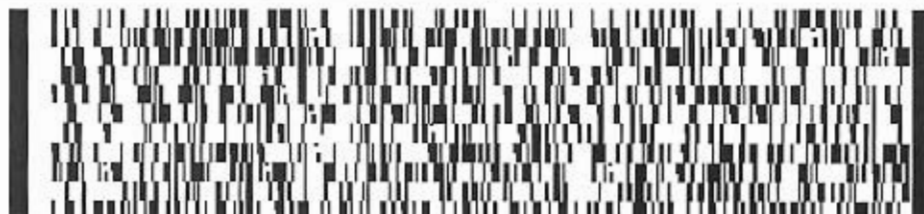
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See instructions if you need to make changes)			
Agent: STEVENS F MAFRIGE			
Office: 411 FANNIN, STE. 200	City HOUSTON	State TX	ZIP Code 77002

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

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

sign here Title Date Area code and phone number (337) 478 - 5626

Texas Comptroller of Public Accounts



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