as Secretary of State Hope Andrade

Business Organizations | Trademarks | Help/Fees |

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 FILING ASSUMED ASSOCIATED AGENT HISTORY NAMES MANAGEMENT NAMES ENTITIES Address Name **Inactive Date**

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.

as Secretary of State Hope Andrade

Business Organizations | Trademarks | Help/Fees | BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

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Name:

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Address:

827 THERIOT RD

Lake Charles, LA 70611-6115 USA

REGISTERED AGENT	FILING HISTORY N	NAMES	MANAGEN	MENT	ASSUMED NAMES	ASSOCIATED ENTITIES
Last Update	Name	Tit	le	Addı	ress	
June 27, 2007	DAVID BUTTRO	SS PR	ESIDENT		THERIOT RD E CHARLES,	LA 70611 USA
June 27, 2007	JOYCE A BUTTR	OSS SE	CRETARY		THERIOT RD E CHARLES,	LA 70611 USA
June 27, 2007	JOYCE A BUTTR	OSS TR	EASURER		THERIOT RD E CHARLES,	LA 70611 USA
June 27, 2007	DAVID BUTTRO	SS Dir	rector		THERIOT RD E CHARLES,	LA 70611 USA
June 27, 2007	JOYCE A BUTTR	OSS Dia	rector		THERIOT RD E CHARLES,	LA 70611 USA

Return to Search

Instructions:

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

		i i		
05-102 (Fev.2-02/20)	3333	b. =		002 21001
a. T Code # 13196			Do not write in the spa	
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed with your Corporation Franchise Tax Report		7/108	01171-4354-2	d. Report year 2002
PELICAN FINANCE CORPORATION	mosed address			2, 3, 4,
827 THERIOT RD			Comptroller un	file number or, if none, chartered number
LAKE CHARLES	LA 70611-6115	1 (6	item k on Franchise Tax Report form, Page 1	01305602-00 3
The following information MUST be provided for the company that files a Texas Corporation Franchise To				
"SECTION A" MUST BE COMPLETE AND ACCURA		Please sign	below!	
Rlacken this circle completely if there are curren	0.4.4	777		13 4 5 6 6 2 6 6 int.
Corporation's principal office	_			
Principal place of business				
SECTION A. Name, title and mailing address of ear	ch officer and director. Use ac	iditional sheets, if nec		Security No. (Optional)
DAVID BUTTROSS	10 (30 9.	P	YES	Expiration date (mm-dd-yyyy
827 THERIOT RD LAKE	CHARLES, LA 70611			Expiration date (INT-22-777)
JOYCE A BUTTROSS		S/T	PES Social	Security No. (Optional)
MAILING ADDRESS	SUADIES 14 70/11			Expiration date (mm-dd-yyyy
NAME 827 THERIOT RD LAKE	CHARLES, LA /USII	-TITLE,	DIRECTOR Social	Security No. (Optional)
DAVID BUTTROSS MAILING ADDRESS		DIRECTO	R X YES	Expiration date (mm-dd-yyyy
827 THERIOT RD LAKE	CHARLES, LA 70611	;.TITLE	DIRECTOR Social	Security No. (Optional)
JOYCE A BUTTROSS	221	DIRECTO		
827 THERIOT RD LAKE	CHARLES, LA 70611			Expiration date (mm-dd-yyyy
NAME		TITLE	DIRECTOR Social	Security No. (Optional)
MALLING ADDRESS				Expiration date (mm·dd-yyyy
SECTION B. List each corporation or limited liability percent (10%) or more. Enter the info	y company, if any, in which thi	s reporting corporation	or limited liability company	owns an interest of ten
Name of owned (subsidiary) corporation	ormation requested for each c	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	y company, if any, that owns a	an interest of ten perce	ent (10%) or more in this rep	orting corporation or limited
liability company. Enter the information	on requested for each corners	tion or limited liability	company. Lisa additional sh	IBBIS, IT DBCBSSMIV

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. Officer, director, or other authorized person Date sign here

Office: 411 FANNIN, STE. 200

HOUSTON, TX 77002

102

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

(Rev. 2 CO/21)	333	b. ■		3115190302
a. T Code = 13196 TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed to satisfy transhise tex requirements Corporation name and address	_	200 00000000000000000000000000000000000	Do not write in the lentification number	d. Report year
Hullmullmullmullmullmullmullmullmullmull	_		Secretary of St	1, 2, 3, 4 ate file number or, if none, or unchartered number
LAKE CHARLES LA 70611-6115			Item k on Franchise Tax Report form, Page	01305602=00 3
The following information MUST be provided for the Secretary of State (company that files a Texas Corporation Franchise Tax Report. Use add The information will be available for public inspection. If the preprinted information is not correct, please type or print the correct.	tional sheets (for Sections A, B, and	d C, if necessary.	
Blacken this circle completely if there are currently no changes to t	he information	preprinted in Section	ns A, B, and C of this re	e 1 3 8 5 6 8 2 8 8 * eport.
Corporation's principal office				-
Principal place of business				
SECTION A. Name, title, and mailing address of each officer and direct NAME.	etor.	TOTLE	DIRECTOR So	cial Security No. (Optional)
DAVID BUTTROSS MAILING ADDRESS		PRESIDEN	T ! YES	Term expiration(mm-od-yyyy)
NAME: 827 THERIOT RD LAKE CHARLES, LA	70611	TITLE	DIRECTOR So	ocial Security No. (Optional)
JOYCE A BUTTROSS MAJLING ADDRESS		SECRETAR	Y YES	Term expiration(mm-dd-yyyy)
NAME: 827 THERIOT RD LAKE CHARLES, LA	70611	TITLE,	DIRECTOR: So	cial Security No. (Optional)
JOYCE A BUTTROSS MAJUNG ADDRESS		TREASURE	R YES	Term expiration(mm-ad-yyyy)
827 THERIOT RD LAKE CHARLES, LA	70611	TITLE	DIRECTOR	cial Security No. (Optional)
DAVID BUTTROSS MAILING ADDRESS		DIRECTOR	X YES	Term expiration(mm-dd-yyyy)
827 THERIOT RD LAKE CHARLES, LA NAME: JOYCE A BUTTROSS	70611	DIRECTOR	DIRECTOR: So	ocial Security No. (Optional)
MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA	70611	Torricoron		Term expiration(mm-dd-yyyy)
SECTION B. List each corporation or limited liability company, if any, if percent (10%) or more. Enter the information requested	n which this re	porting corporation of oration or limited liab	or limited liability compa lifty company.	any owns an interest of ten
Name of owned (subsidiary) corporation	Stn	to of moor poration	Texas SOS file numb	er Percentage Interest
Name of owned (subsidiary) corporation	Sta	ite of incorporation	Texas SOS file numb	er Percentage Interest
SECTION C. List each corporation or limited liability company, if any, to liability company. Enter the information requested for each	hat owns an in	nterest of ten percen	(10%) or more in this mpany.	reporting corporation or limited
Name of owning (parent) corporation	Sta	to of incorporation	Texas SOS file numb	er Percentago Interest
Registered agent and registered office currently on file (See instructions if you need agent STEVENS F MAFRIGE Office, 411 FANNIN, STE. 200 HOUSTON, TX 77002	ed to make chur	nges.)	Blacken this of to change this	circle if you need forms
I declare that the information in this document and any attachments is true and co	rrect to the best	of my knowledge and b	elief and that a copy of this	s report has been mailed to each
sign Officer, director or other authorized person Title	Marc y) Date	Dayt	d corporation. time phone (Avea code and number) 37-478-S626
	(0429017

₩ ≡	05-102 (Rev.7-03/22)
	(Hev.7-03/22)

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a.T Code ■ 13196		_	Don	ot write in	the space	above	
TEXAS FRANCHISE TAX		c. Taxpayer ic	dentification	number	- 1	d. Report	yenr
PUBLIC INFORMATION REPORT		3-0	1171-43	354-2		_	2004
MUST be filed to satisfy tranchise tax requirements Corporation name and address			Stephen De	Charles 12	-	-	
Hadhadadhallandhallallalla Pelican finance corporation			e. PIR / IN		1, 2, of State file	-	dans
A27 THERIOT RD		- 1			roller uncha		
LAKE CHARLES LA 70611-6115		- 1	4 5 52		g. E		
			item k on Tax Repo			13056	0200 3
If the preprinted information is not correct, please type or print the correct infor	rmation.			III	A ISLINION	OFFICE OF STREET	
The following information MUST be provided for the Secretary of State (SOS) is company that files a Texas Corporation Franchise Tex Report. Use additional necessary. The information will be available for public inspection. 28. Blacken this circle completely if there are currently no changes to the info	sheets for Se	ctions A. B. and	d C, if			1 7 1	
Blacken this circle completely if there are currently no changes to the info of this report. Then, complete Sections B and C.	ormation prepi	integ in Section	Pleas	sign	e belok	// OH	icer and director
Corporation's principal office			as of ti	ne date	a Public	Inform	ation is reported ation Report is odated annually
Principal place of business			ac part requiren	of the f	ranchise t procedure	for sup	rt There is no oplementing the
SECTION A. Name, title, and mailing address of each officer and director.			through			and di	ectors change
NAME		TITLE	DIF	ECTOR	Term exp	iration (n	nn-do-yyyy)
DAVID BUTTROSS		PRESIDENT	т !	YES			
MAILING ADORESS:	A						
827 THERIOT RO LAKE CHARLES, LA 706		TITLE	I. INE	ECTOR	Term evo	iration (n	nm-dd-yyyy)
	ì			TYES	1011111 0242	manon (n	
JOYCE A BUTTROSS MAILING ADDRESS		SECRETAR	1	1150			
827 THERIOT RD LAKE CHARLES, LA 706	611						
NAME:		TITLE	::DIP	ECTOR	Term exp	iration (n	нт-сс-уүүү)
JOYCE A BUTTROSS		TREASURE	R	YES	Particle Property		
MAILING ADDRESS							
827 THERIOT RD LAKE CHARLES, LA 706	611		T** 100 100				
NAME	1	TITLE3	-	7	Term exp	ration (n	m-dd-yyyy)
DAVID BUTTROSS		DIRECTOR	X	YES			
827 THERIOT RD LAKE CHARLES, LA 706	611						
NAME NAME	011	TITLE	CHE	ECTOR	Term exp	iration (n	nm-dd-yyyy)
JOYCE A BUTTROSS		DIRECTOR	x	TYES			
MAILING ADDRESS	99		10000	255 0	(a 141—		
827 THERIOT RD LAKE CHARLES, LA 706	611						
SECTION B. List each corporation or limited liability company, if any, in whice percent (10%) or more. Enter the information requested for each content of the content of t					mpany ow	ns an in	terest of ten
Name of owned (subsidiary) corporation	State of moor	poration	Texas SOS	file numbé	н	Percent	age Interest
Name of owned (subsidiary) corporation	State of incor	poration	Texas SOS	Me numbe	er	Percent	age Interest
SECTION C. List each corporation or limited liability company, if any, that ow liability company. Enter the information requested for each corporation.				nore in t	his reporti	ng corpo	oration or limited
	State of incor		Texas SOS	file numbe		Dorona	non interest
Name of owning (parent) corporation	State of moor	poracon	14283 500	ma mambe		Percent	age interest
Registered agent and registered office currently on tile. (See instructions if you need to m	nake changes.)				***		11-4-1-5-1-4
Agent STEVENS F MAFRIGE							
Office: 411 FANNIN, STE. 200							change this
HOUSTON, TX 77002							de on-line at da index shtml
I declare that the information in this document and any attachments is true and correct to been mailed to each person named in this poort who is an officer or director and who is n	the best of my k	nowledge and be ployed by this cor	diet, as of the peration or l	a date bei mited hab	ow, and the	tacopy only or a rel	of this report has ated corporation.
		Dete	300	1	Saudima che	na Idean	and and aumber!

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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

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a T Code III	13	196
a T Codo		, ,,

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

This report MUST be filed to satisfy franchise tax requirements

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

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT Corporation name and address 4 Healthoulleanthall e. PIR/IND -PELICAN FINANCE CORPORATION 827 THERIOT RD Secretary of State file number or. if none, Comptroller unchartered number LAKE CHARLES LA 70611-6115 Item k on Franchisa 0130560200 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 Texes 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 Please sign below! Officer and director Section A of this report. Then, complete Sections B and C. as of the date a Public Information Report is Corporation's principal office The information is updated annually completed. as part of the franchise tax report. There is no Principal place of business 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. DIRECTOR Term expiration (mm-dd-yyyy) TITLE PRESIDENT YES DAVID BUTTROSS MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611 NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) JOYCE A BUTTROSS SECRETARY YES MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611 TITLE DIRECTOR | Term expiration (mm-dd-yyyy) NAME TREASURER JOYCE A BUTTROSS YES MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611 TITLE DIRECTOR: Term expiration (mm-dd-yyyy) NAME DIRECTOR YES DAVID BUTTROSS MAILING ADDRESS 827 THERIOT RD LAKE CHARLES, LA 70611 NAME TITLE DIRECTOR: Term expiration (mm-dd-yyyy) DIRECTOR JOYCE A BUTTROSS YES 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. State of incorporation Texas SOS file number Percentage Interest Name of owned (subsidiary) corporation Texas SOS file number Percentage Interest Name of owned (subsidiary) corporation State of incorporation 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. State of incorporation Texas SOS file number Percentage Interest Name of owning (parent) corporation

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

authorized person Daytime phone (Area code and number) Date sign 05 here

	* =	05-102 (12-05/25)	3333	b. •				
12	a. T Code	131,96	This report MUST be fill satisfy franchise tax requir	ed to			the space abov	52. 000:
TEXAS FRANCHISE	TAX PL					-4354-2		2006
Hullindan Hindl		xation name and a	ddress		e. Plf	R/IND	1 4	
827 THERIOT RD						Secretary	of State file numb	per or, if none,
LAKE CHARLES LA	1 20677	-6115				Comp	roller unchartere g. ■	d number
					0.0000000000000000000000000000000000000	k on Franchise Report, Form (01	30560200
Please mark through any incorre	ct informati	on and type or i	orint the correct informs	rtion				
imited liability company that files Sections A, B, and C, if necessar Blacken this circle complete Section A of this report. The	y. The infor ly if there a	mation will be an re currently <u>no c</u>	vailable for public inspe hanges to the informat	ction.	Pla.	nse sia	n below!	Officer and direct
Corporation's principal office			81		as	of the date	a Public Inf	ormation is report formation Report is updated annua
Principal place of business					as r	ert of the tri	ranchise tax i procedure for	report. There is supplementing to directors chan
SECTION A. Name, title, and n	nailing addr	ess of each offic	er and director.			ughout the y	ear.	
NAME				TITLE	1	DIRECTOR	Term expiration	on (mm-dd-yyyy)
DAVID BUTTROSS MAJUNG ADDRESS				PRESIDE	NT	YES		
The second secon	DD	LAVE CHAP	150 14 70(33					
NAME	CIOI RU	LAKE CHAR	LES, LA 70611	TITLE		DIRECTOR	[T -	a form of some
JOYCE A BUTTROSS				***************************************	20		Term expirate	on (mm-dd-yyyy)
MAILING ADDRESS				SECRETA	RT	YES		
Access of the second	LIOT RD	LAKE CHAR	LES, LA 70611					
NAME		CHILL OTHER	EED EN /0011	TITLE	E	DIRECTOR	Term expiration	on (mm-dd-yyyy)
JOYCE A BUTTROSS				TREASUR	ER	YES		
MAILING ADDRESS				THERE		1,20		
827 THEF	RIOT RD	LAKE CHAR	LES, LA 70611					
NAME				TITLE		DIRECTOR	Term expiration	on (mm-dd-yyyy)
DAVID BUTTROSS				DIRECTO	R	X YES	100 mm	
MAILING ADDRESS	No. 100.000.12							
827 THEF	RIOT RD	LAKE CHAR	LES, LA 70611					
NAME			C - C - ACHE - DO	TITLE		DIRECTOR	Term expiration	on (mm-dd-yyyy)
JOYCE A BUTTROSS				DIRECTO	R	X YES		
MAILING ADDRESS						770	102	
827 THEF	RIOT RD	LAKE CHAR	LES, 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
Registered agent and registered office currently on file. (See instructions if you Agent: STEVENS F MAFRIGE Office: 411 FANNIN, STE. 200 HOUSTON, TX 77002	i need to make changes.)	Blacken this circle if you r information. Changes car http://www.sos.state.tx	

I declare that the information in this document and any attachments been mailed to each person named in this regort.wto is an officer of			
sign Officer director prother authorizon person here	Managa	Date 04/10/06	337- 478-5625
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Town	(11-06/20

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07110381214 0002

a.T Code = 13196

This report MUST be filed to

Do not write in the space above

TEXAS FRANCHISE TAX PUBLIC INFORMATION	200명(1915명(1915)) H. Piak		171-4354-2	d. Report year 2007
Corporation name and address PELICAN FINANCE CORPORATION			e. PIR / IND . 1	4
827 THERIOT RD		1		ate file number or, if none,
LAKE CHARLES LA 70511-5115			item k on Franchise Tax Report, Form 05-14	g. = 0130560200
Please mark through any incorrect information, and type or print the correct in The following information is required by Section 171,203 of the Tax Code for a limited liability company that files a Taxas Corporation Franchise Tax Report, for Sections A, B, and C, if necessary. The information will be available for put	each corporation or Use additional sheet	ts		
Blacken this circle completely if there are currently <u>no changes</u> to the infi Section A of this report. Then, complete Sections B and C.	formation preprinted	in	lease sign b	Selaul
Corporation's principal office		13	as of the date a	Public Information Report
Principal place of business		1.5	as part of the france requirement or pro-	formation is updated annual chise tax report. There is n cedure for supplementing th icers and directors chang
SECTION A. Name, title, and mailing address of each officer and director.	Delette		throughout the year.	
NAME	TITLE			rm expiration (mm-dd-yyyy)
DAVID BUTTROSS MAILING ADDRESS	PRE	SIDENT	YES	
827 THERIOT RD LAKE CHARLES, LA 70	611			
NAME	TITLE	1	DIRECTOR Te	rm expiration (mm-dd-yyyy)
JOYCE A BUTTROSS MAILING ADDRESS	SEC	RETARY	YES	
827 THERIOT RD LAKE CHARLES, LA 70	611			
JOYCE A BUTTROSS	TITLE	ASURER	DIRECTOR Te	rm expiration (mm-dd-yyyy)
MAILING ADDRESS				
827 THERIOT RD LAKE CHARLES, LA 70		a	I-Necator Ta	em combestion (may de vesse)
	TITLE			rm expiration (mm-dd-yyyy)
DAVID BUTTROSS MAILING ADDRESS	JUIR	ECTOR	X YES	
827 THERIOT RD LAKE CHARLES, LA 70				
JOYCE A BUTTROSS	DIR	ECTOR	X YES	rm expiration (mm-dd-yyyy)
MAILING ADDRESS				
827 THERIOT RD LAKE CHARLES, LA 70 SECTION B. List each corporation or limited liability company, if any, in whice	**************************************	oration or	imited liability comps	any owns an interest of ten
percent (10%) or more. Enter the information requested for ea	and the second and the second second second	TALL 1 17 1 1804		any owner an interest of ten
Name of owned (subsidiary) corporation or limited liability company	State of inc./organiza	ation Te	xas SOS file number	Percentage interest
Name of owned (subsidiary) corporation or limited Sability company	State of inc./organiza	ation Te	xas SOS file number	Percentage Interest
SECTION C. List each corporation or limited liability company, if any, that or liability company. Enter the information requested for each co				reporting corporation or limite
Name of owning (parent) corporation or limited liability company	State of inc./organiza	ntion Te	xas SOS tile number	Percentage Interest
Registered agent and registered office currently on file. (See instructions if you need to magent; STEVENS F MAFRIGE Office: 411 FANNIN, STE. 200 HOUSTON, TX 77002	nake changes.)			uneed forms to change the stered 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 relayed, corporation or limited liability company. Date

sign here

Daytime phone (Area code and number) -478-5626 0408031

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT 05-102 (To be filed by Corporations and Limited Liability Companies (LLCS)) (Rev. 1-08/28) This report MUST be filed to satisfy franchise tax requirements ■ Tcode 13196 ■ Taxpayer number You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 3 0 Contact us at: (512) 463-4600, or (800) 252-1381, tall free nationwide. Taxpaver name PELICAN FINANCE CORPORATION Mailing address 827 THERIOT RD Secretary of State file number or Comptroller file number IZIP Code Plus 4 City State LAKE CHARLES 6115 70611 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 Officer, director and member information is reported as of the date a Public Information Please sign below! Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year. 3011714354208 SECTION A Name, title and mailing address of each officer, director or member. Director Term **DAVID BUTTROSS** PRESIDENT (e) YES expiration Mailing address 827 THERIOT RD City LAKE CHARLES State IZIP code 70611 LA Title Director Term JOYCE A BUTTROSS DIRECTOR YES (0) expiration ZIP code Mailing address State 827 THERIOT RD LAKE CHARLES 70611 Name Title Director Term **DAVID BUTTROSS** DIRECTOR YES (0) expiration Mailing address ZIP code State **827 THERIOT RD** LAKE CHARLES LA 70611 Name Title Director Term JOYCE A BUTTROSS TREASURER (0) YES expiration Mailing address ZIP code State 70611 **827 THERIOT RD** LAKE CHARLES 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 Texas SOS file number, if any Percentage of Ownership State of formation 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)

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

Agent: STEVENS F MAFRIGE

Office: 411 FANNIN, STE. 200

HOUSTON

ZIP Code State TX 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 corrently employed by this, or a related, corporation or limited liability company.

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

officer I I a fill the complete seed



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	d: :	100		



05-102 (Rev. 1-08/28) ■ Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

Taxpayer number			8	You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Cantact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.				
Taxpayer name PELICAN FINANCE CORP Mailing address 827 THERIOT RD	ORATION		3				f State file number or er file number	
City LAKE CHARLES		State LA	70611		Plus 4 6115	013056026		
Blacken circle if the	re are currently no changes or	additions to the inform	nation displayed in Se	ection A of th	is report. T	hen complete Sec	tions B and C.	
Entity's principal office						1		
Principal place of busines	5							
Please sign below!	Officer, director and member Report is completed. The info report. There is no requirement officers, directors, or member	rmation is updated an int or procedure for sup	inually as part of the pplementing the info	franchise tax		3	011714354208	
SECTION A Name, title	and mailing address of each	officer, director or me Title	ember.	1 0	Vicantos			
JOYCE A BUTTROSS		SECRETARY		(rector YES	Term		
Mailing address		City			. 100000	expiration State	ZIP code	
Name		Title	E5	1 0	irector	LA m	70611 m d d y y	
				(YES	Term expiration		
Mailing address		City		10.1		State	ZIP code	
Name		Title		D	irector	Term	m'ddyy	
4.4.044.0000000000000000000000000000000		200) YES	expiration		
Mailing address		City			annon i	State	ZIP code	
Name		Title		0	rector YES	Term		
Mailing address		City			,	expiration State		
SECTION B Enter the in	nformation required for each	corporation or LLC if.	any in which this re	eporting ent	tity owns a	n interest of	2.000,000,000	
ten percen	t (10%) or more.	•	8		W.		In	
	ry) corporation or limited liabili		State of formatio		79078-23178		Percentage of Ownership	
	ry) corporation or limited liabili		State of formatio		Laurence and		Percentage of Ownership	
	nformation required for each nited liability company.	corporation or LLC, if	any, that owns an i	nterest of te	n percent i	(10%) or more in t	this reporting	
Name of owned (parent) o	corporation or limited liability o	ompany	State of formation	n	Texas SOS	file number, if any	Percentage of Ownership	
Registered agent and regi	istered office currently on file.	See instructions if you n	need to make changes	0		circle if you need f	orms to change	
Office: 411 FANNIN, S			City	nn.	ane regis	State	ZIP Code 77002	
	ulred by Section 171.203 of the Tax essary. The information will be avai		or limited liability com		a Texas Franc	0.000	5,000,000,000	
I declare that the information	in this document and any attachm	ents is true and correct to	the best of my knowled					
mailed to each person named Sign	d in this report who is an officer, dire		is not currently employ Title	ed by this, or a Date			bility company. code and phone number	
here /		_ 1				(33)	7) 478 - 5626	
			colu Vitaa			VE/DE	O PIR IND O	

O5-102 | 17 Public | Rev. 1-08/28| | Toode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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	7 1 4 3 5	4 2 2 0 0	9 to res	You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Cantact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.				
Taxpayer name PELICAN FINANCE Co Mailing address 827 THERIOT RD			I I Cont	uct us ot. (512) 403	Secretary	of State file number or		
City LAKE CHARLES		State	ZIP Code 70611	Plus 4 6115	01305602	er file number 200		
	there are currently no ch	anges or additions to the infor	N N N N N	336	10 St 18			
Entity's principal office	e				1			
Principal place of busi	iness							
Please sign below	Report is completed report. There is no re	member information is report. The information is updated a equirement or procedure for something throughout.	annually as part of the franc supplementing the informat	hise tax		8011714354209		
SECTION A Name, Name	title and mailing address	of each officer, director or n Title	member.	I Director				
DAVID BUTTROSS		PRESIDENT	13	O YES	Term expiration	"		
Mailing address 827 THERIOT RD		Gity LAKE CHAR	ILES	d	State LA	Z P code 70611		
JOYCE A BUTTROSS		Title DIRECTOR		Oirector YES	Term expiration	m d d y y		
Mailing address 827 THERIOT RD Name		City LAKE CHAR Title	ELES	Director	State LA	ZIP code 70611		
DAVID BUTTROSS		DIRECTOR		● YES	Term expiration			
Mailing address 827 THERIOT RD Name		City LAKE CHAR Title	ELES	Director	State LA	ZIP code 70611		
JOYCE A BUTTROSS		TREASURER	R	O YES	Term expiration			
Mailing address 827 THERIOT RD		City LAKE CHAR	ILES		State LA	ZIP code 70611		
	ne information required reent (10%) or more.	for each corporation or LLC,	if any, in which this report	ting entity owns	an interest of			
	sidiary) corporation or limi	ted liability company	State of formation	Texas SO	S file number, if an	y Percentage of Ownership		
Name of owned (subsidiary) corporation or limited liability company		State of formation	Texas SO	Texas SOS file number, if any Percentage of Owner				
	ne information required or limited liability compa	for each corporation or LLC,	if any, that owns an intere	st of ten percent	(10%) or more in	this reporting		
	nt) corporation or limited		State of formation	Texas SO	5 file number, if an	y Percentage of Ownership		
Registered agent and Agent: STEVENS F		on file. (See instructions if you	need to make changes)		circle if you need	forms to change gistered office information.		
Office: 411 FANNII			City HOUSTON	Was Dissipline	State	ZIP Code 77002		
		of the Tax Code for each corporati vill be available for public inspection	on or limited liability company t	that files a Texas Fra				
I declare that the informa	ation in this document and an	y attachments is true and correct officer, director or member and wh	to the best of my knowledge an	d belief, as of the da this, or a related, co	te below, and that a opporation or limited li	copy of this report has been lability company.		
sign here			Title	Date	Area	code and phone number 37) 478 - 5626		
		S DIVERSO TRANSPORTER	। १०१कोऽन्द्रश्रीविक्तसम्बद्धः		1(33	7 7 478 - 3020		

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

| Computation | 05-102 | 1d Public | Accounts | FORM | TCODE | 13196

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

Taxpayer name PELICAN FINANCE CORPORA' Mailing address 827 THERIOT RD City LAKE CHARLES Blacken circle if there are Entity's principal office Principal place of business	State LA e currently no changes or additions to th	ZIP Code 70611 	Plus 4 6115	Secretary of Comptroller		
City LAKE CHARLES Blacken circle if there are Entity's principal office	LA	70611	6115	20,000,000,000		
Slacken circle if there are	12	0.000		0130560200	1	
Entity's principal office	e currently no changes or additions to th	e information displayed in Section				
Principal place of business		e momadon displayed in Section	on A of this report.	Then complete Section	ons B and C.	
Please sign below! Rep	cer, director and member information is lort is completed. The information is up lort. There is no requirement or procedu cers, directors, or members change thro	dated annually as part of the france re for supplementing the inform	nchise tax	30	11714354209	
SECTION A Name, title and Name	mailing address of each officer, direct Title	or or member.	1 Director		and the the to the	
JOYCE A BUTTROSS		ETARY	O YES	Term m	‴ ° ° ′ ′	
Mailing address	City			expiration State	ZIP code	
827 TĤERIOT RD Name	Title	CHARLES	Director	LA m	70611 m d d y y	
			O YES	Term expiration		
Mailing address	City			State	ZIP code	
Name	Title		Director	Term I	m d d y y	
Mailing address	City		Ŭ YES	expiration State		
Name	Title		Director	m	m d d y y	
			O YES	Term expiration		
Mailing address	City		1000	State	ZIP code	
	nation required for each corporation o	r LLC, if any, in which this repo	orting entity owns	an interest of	Ä	
ten percent (10s Name of owned (subsidiary) co	%) or more, rporation or limited liability company	State of formation	[Texas SC	S file number, if any	Percentage of Ownership	
Name of owned (subsidiary) corporation or limited liability company		State of formation	Texas SC	Texas SOS file number, if any Percentage of		
	nation required for each corporation of	I or LLC, if any, that owns an inte	I rest of ten percen	t (10%) or more in th	is reporting	
	ration or limited liability company	State of formation	Texas SC	S file number, if any	Percentage of Ownership	
Registered agent and registere Agent: STEVENS F MAFRIGE	d office currently on file. (See instruction	s if you need to make changes)		n circle if you need for	rms to change stered office information.	
Office: 411 FANNIN, STE. 200		City	9973 - NATSTAN	State	ZIP Code 77002	
	by Section 171,203 of the Tax Code for each co The information will be available for public i	rporation or limited liability compan	y that files a Texas Fra			
I declare that the information in thi	s document and any attachments is true and	correct to the best of my knowledge				
mailed to each person named in this report who is an officer, director or member- SiCN \(\)		and who is not currently employed t Title	Date	orporation or limited liability company. [Area code and phone number		
here)		T		(337) 478 - 5626	