# Form 203 (revised 6/01)

Return in Duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$300



# Articles of Incorporation Pursuant to Article 1528e Texas Professional Corporation Act

This space reserved for office use.

### FILED In the Office of the Secretary of State of Texas

MAY 01 2002

Corporations Section

	Ar	tiele 1 – Co	orporate Name						
The corporation formed is a professional corporation. The name of the corporation is as set forth below:									
COLE & POWELL, P.C.									
The name must contain one of the words of incorporation required for business corporations or an abbreviation thereof, or the phrase "Professional Corporation" or the initials "P.C." The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.									
Article 2 - Registered Agent and Registered Office (Select and complete either A or B and complete C)									
A. The initial registered age	ent is a	corporation	(cannot be corporation	a named abo	ove) by the n	ame of:			
OR Kevin W. Cole									
B. The initial registered agent is an individual resident of the state whose name is set forth below:									
First Name		M.I.	Last Name			Suffix			
Kevin		W.	Cole						
C. The business address of the registered agent and the registered office address is:									
Street Address		City	Čity Zip Co						
4304 Parkwood Road		Austin	Austin TX 78722						
			15.1						
		Article 3	- Directors						
The number of directors constitu	uting the	e initial boa	rd of directors and th	ne names a	and addresse	s of the			
person or persons who are to sen	_								
their successors are elected and					_				
Director 1: First Name		M.I.	Last Name			Suffix			
Kevin		W.	Cole	Cole					
Street Address	City		State Zip Code			3			
4304 Parkwood Road	Austin	l	TX	787	22				
Director 2: First Name		M.I	Last Name	Last Name					
Jennifer		A.	Powell						
Street Address	City		State		Code				
12736 Machete Trail	Austin	l	TX	787	729				
Director 3: First Name		M.I	Last Name			Suffix			
Street Address	City		State	Zip	Code				

	Article 4 -	- Authorized Shares							
A. The total number of shares the corporation has authority to issue is 5,000 and the par value of each of the authorized shares is \$1.00									
•	OR (You must select and complete either aption A or option B, do not select both.)								
B: The total number of sha			ue is						
and the shares shall have no pa			***						
If the shares are to be divided into cl	lasses, you must set		ch class, the number of shares of each						
			and relative rights of each class in the						
space provided for supplemental information on this form.									
Article 5 – Initial Capitalization									
The corporation will not consideration of the value of o	ne thousand doll	ars (\$1,000).	ed for the issuance of its shares						
		le 6 – Duration							
The period of duration is perpe									
	Artic	de 7 – Purpose							
The purpose for which the co	rporation is orga	mized is for the rendit	tion of the professional service set						
	c type of profess	sional service is perm	itted) and services ancillary to the						
rendition thereto.									
The Practice of Law									
		P							
	Supplemental	Provisions/Informat	ton						
Text Area									
[The attached addendum are incorpo		4.							
	E L	icorporator							
The name and address of the in	ncorporator is se	t forth below.							
Name									
Kevin W. Cole									
Street Address	City	State	Zip Code						
4304 Parkwood Road	Austin	TX	78722						
	Effecti	ve Date of Filing							
This document will become	ne effective wher	the document is filed	hy the secretary of state						
OR			of moderness, or state.						
	ne effective at a l	ater date, which is not	more than ninety (90) days from						
the date of its filing by the sec									
		Execution							
	cument subject to	o the penalties impose	d by law for the submission of a						
false or fraudulent document.									
1 1 —	11. /3	Ψ							
Signature of incorporator		t .	-						

a T Code ■ 13196

			o not write.	in the space	ce above	
TEXAS FRANCHISE TAX PUBLIC		с Тахра	yer identifica	tion numb	er <b>d</b> Re	port vea
NFORMATION REPORT		10106784	902	<b>         </b>	2004	
MUST be filed to satisfy franchise tax requirements						
Corporation name and address		e PIR		1, 2, 3		
COLE & POWELL, PC 400 W. 15TH STREET. STE 304		Sec			mber or, if no red number	ne.
AUSTIN TX 78701			on Franchise port form,		g ■ 0079806	
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.					y.	
f the preprinted information is not correct, please type or print the correct.  Check here if there are currently <b>no changes</b> to the information preprints.		_		port.		
Corporation's principal office 400 WEST 15TH STREET, SUITE 304, AUSTIN, TX	78701					
Principal place of business  400 WEST 15TH STREET, SUITE 304, AUSTIN, TX	78701	<u> </u>				
SECTION A. Name, title, and mailing address of each officer and di						
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Oc	uera i
KEVIN W. COLE	P/T		X Yes	<u> </u>		
MAILING ADDRESS   4304 PARKWOOD ROAD . AUSTIN	TX	78722			n expiration ( <i>mm</i> 2 <b>-</b> 31 - 200	
NAME	TITLE	·	DIRECTOR	Social Secu	rity Number (Op	itional)
JENNIFER A POWELL	VP/T		X Yes			
MAILING ADDRESS				Теп	n expiration	
12736 MACHETE TRAIL AUSTIN	ŢX	78729	1		2-31 <b>-</b> 200	
NAME_	TITLE		Yes	Social Secu	rity Number (Op	kional)
MAILING ADDRESS				Теп	n expiration (mm	1-dd-yyyy)
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Op	itional)
MAILING ADDRESS				Terr	n expiration (mm	-аа-уууул
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Op	ziona!)
			Yes			
MAILING ADDRESS				Terr	n expiration (mm	!-dd- <u>y</u> ggg)
<b>SECTION B.</b> List each corporation or limited liability company, if an an interest of ten percent (10%) or more. Enter the inf	formation reque	sted for each	corporation	or limited	ility company liability comp	y owns pany.
Name of owned (subsidiary) corporation	State of incorpo	oratio⊓	Texas SOS file i	number	Percentage II	nterest
None  Name of owned (subsidiary) corporation	State of incorpo	oration	Texas SCS file r	number	Percentage I	nterest
SECTION C. List each corporation or limited liability company, if an corporation or limited liability company. Enter the infor	y, that owns an	I interest of te	en percent (1	0%) or mo	ore in this rep	porting
Name of owning (parent) corporation	State of regules:		Texas SOS fle r		Percentage II	
None						į
Registered agent and registered office currently on file. (See instructions if you need to make	changes )					
Agent: KEVIN W COLE			.—			
Office: 4304 PARKWOOD ROAD	_		☐ Check I	ere if you ge this inf	need forms	
AUSTIN	TX 787					
declare that the information in this document and any attachments is true and correct to the berson named in this report who is an officer or director and who is not currently embicyed by	est of my knowledge this corporation or in	e and belief and t mitec liability con	hat a copy of thi npany or a relate	s report has r o corporation		
sign officer carector, or other pullnerized begron		Date	( S. Day	time phone (4	*CA0601 Frea code and nu	

# Filing Number 300079806003

TXCA0601 10/22/04

Daytime phone (Area code and number) (512) 482-0003

05-102

Officer, director, or other authorized person

(Rev 9-04/23) 3333			
a T Code ■ 13196		Do not write in the space	ce above
TEXAS FRANCHISE TAX PUBLIC		c Taxpayer identification numb	er <b>d</b> Report year
INFORMATION REPORT		■ 10106784902	■ 2005
MUST be filed to satisfy franchise tax requirements	Ĺ		_
Corporation name and address		e PIR / IND ■ 1, 2, 3,	
COLE & POWELL, PC 400 W. 15TH STREET, STE 304		Secretary of State file num Comptroller uncharte	mber or, if none, red number
AUSTIN TX 78701			g <b>=</b>
		Here to an English Tau	0079806
If the preprinted information is not correct, please type or print the co	orrect information.		
The following information MUSTbe provided for the Secretary of Stat company that files a Texas Corporation Franchise Tax Report. Use a The information will be available for public inspection.	e (SOS) by each cor ddilional sheets for S	poration or limited liability Sections A, B, and C, if necessa	ry.
Check here if there are currentlyno changes to the information pr	reprinted in Section i	A of this report. Then, complete	Sections Band C.
Corporation's principal office		Please sign below! Officer ar	
400 WEST 15TH STREET, SUITE 304, AUSTIN, TX	78701	information is reported as of Information Report is comple	eted. The information
Principal place of business		is updated annually as part of report. There is no requirement	of the franchise tax ent as officers and
400 WEST 15TH STREET, SUITE 304, AUSTIN, TX		directors change throughout	the year.
<b>SECTION A.</b> Name, title, and mailing address of each officer and			
NAME COLF	TITLE D. /TD	· ·	tion (mm-dd-yyyy)
KEVIN W. COLE	P/T	X   Yes   12-3	31-2005
4304 PARKWOOD ROAD AUSTIN	TX ·	78722	
NAME NAME	TITLE		tion (mm-dd-yyyy)
JENNIFER A POWELL	VP/T	X Yes 12-3	31-2005
MAILING ADDRESS			
12736 MACHETE TRAIL AUSTIN		78729	
NAME	TITLE	DIRECTOR Term expirat	lion (mm-dd-yyyy)
MAILING ADDRESS			
'			
NAME	TITLE	DIRECTOR Term expirat	tion (mm-dd-yyyy)
		Yes	
MAILING ADDRESS			
NAME	TITLE	DIRECTOR Term expirat	tion (mm.dd.)oog)
(MAILE		Yes	ion (mireo-yyyy)
MAILING ADDRESS	I		
SECTION B. List each corporation or limited liability company, if an interest of ten percent (10%) or more. Enter the	any, in which this re-	porting corporation or limited lial	bility company owns
Name of owned (subsidiary) corporation	State of incorporation	on Texas SOS file number	Percentage interest
None Name of owned (subsidiary) corporation	State of incorporation	on Texas SOS file number	Percentage Interest
, , , , , , , , , , , , , , , , , , , ,			
SECTION C. List each corporation or limited liability company, if corporation or limited liability company. Enter the in	any, that owns an in formation requested	terest of ten percent (10%) or m for each corporation or limited li	ore in this reporting iability company.
Name of owning (parent) corporation	State of incorporation	<u>·</u>	Percentage Interest
None			
Registered agent and registered office currently on file. (See instructions if you need to make	e changes.)		
Agent: KEVIN W COLE		D Observe W 1	forms to shares It's
Office: 4304 PARKWOOD ROAD		Check here if you need information. Changes ca	forms to change this an also be made on-line at us/corp/sosda/index.shtml
AUSTIN	TX 78722		
I declare that the information in this document and any attachments is true and correct to the person named in this report who is an officer or director and who is not currently employed to	e best of my knowledge and by this corporation or limited	d belief and that a copy of this report has be d liability company or a related corporation.	een mailed to each

sign here 3333

06278430435 0003

Do not write in the space above

(512)

482-0003

d Report year

2006

c Taxpayer identification number

10106784902

a T Code ■ 13196

#### TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

4 Corporation name and address e PIR / IND COLE & POWELL, PC 400 W. 15TH STREET, STE 304 Secretary of State file number or, if none, Comptroller unchartered number AUSTIN ጥሄ 78701 Item k on Franchise Tax 0800079806 Report, Form 05-142 If the preprinted information is not correct, please type or print the correct information. The following information MUSTbe provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional speets for Sections A, B, and C, if necessary. The information will be available for public inspection. Check here if there are currentlyno changes to the information preprinted in Section A of this report. Then, complete Sections Band C. Please sign below! Officer and director information is reported Corporation's principal office as of the date a Public Information Report is completed. The 400 WEST 15TH STREET, SUITE 304, AUSTIN, TX 78701 information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing Principal place of business the information as officers and directors change throughout 400 WEST 15TH STREET, SUITE 304, AUSTIN, TX 78701 the year. SECTION A. Name, title, and mailing address of each officer and director. NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) P/T KEVIN W. Yes 12-31-2006 MAILING ADDRESS 78722 4304 PARKWOOD ROAD AUSTIN NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) JENNIFER A POWELL VP/T 12-31-2006 Yes MAILING ADDRESS 12736 MACHETE TRAIL AUSTIN 78729 DIRECTOR NAME TITLE Term expiration (mm-dd-yyyy) Yes MAILING ADDRESS NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) Yes MAILING ADDRESS NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) Yes **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 or limited liability company. Texas SOS file number Name of owned (subsidiary) corporation State of incorporation Percentage Interest None Texas SOS file number Name of owned (subsidiary) corporation State of incorporation 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. State of incorporation Texas SOS file number Percentage Interest Name of owning (parent) corporation Registered agent and registered office currently on file. (See instructions if you need to make changes.) Agent: KEVIN W COLE Check here it you need forms to change this information. Changes can also be made on-line at http://www.scs.state.tx,us/corp/sosdwindex.shimi Office: 4304 PARKWOOD ROAD AHSTIN TX 78722 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 natiled to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited flability company or a related corporation.

TXCA0601 11/11/ 11/11/05 Officers director, or other auth Daytime phone (Area code and number)

(512) 482-0003

d Report year

c Taxpayer identification number

05-102 (Rev 12-05/25)

3333

a T Code ■ 13196

This report MUST be filed to satisfy franchise tax requirements

#### TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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	_	Carpo	ration name	e and address	~~		<u>-</u> -	e PIR /	INITS	1		4		
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The followi corporation	ing info n or lin	ormation MUSTbe nited liability comp	provided for sapy that fill	ir the Secretary les a Texas Cor.	of State (SOS	) by eacl	h							
Report, Usi	e addi	tional sheets for S	Sections A, .	B, and C, if nec	essary. The in	iformatio	ų							
		for public inspectio	-											
Check I Section	here if n A of i	there are currently this report. Then, i	iy <b>no chang</b> complete S	<b>es</b> to the inform. Sections Band C	iation preprinte	id in			(		######################################			
Corporation's			<del>ourriprote o</del>		***************************************	***************************************		Please s	ign below!	Officer	and direct	or infor	mation is r	reported
400 WES	ST 1	5TH STREET,	SHITTE	304 AUST	IN. TX 78	701							completed. e franchise	
Principal place			DOTIE	SUTY HOUT.	111 / 6	,		report. T	here is no	requirem	ent or pro	edure	for suppler	menting
ለበበ ጨድር	cm 1	5TH STREET,	CHITTE	יייפוום אופיי	TN. TY 78	701		the inform the year.		officers a	nd directo	ks chan	ige through	10 III
		Name, title, and m						the year.						
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MAILING ADD		CODE				E/A		J	A   16	;s	12-5.	1-20	10 7	
		WOOD ROAD		X CLOTT TX		m	· 7	8722						
NAME	PAKK	WOOD ROAD		AITEUA	4	ΉπLE	<u>X 7</u>	BIZZ	DIRECTO	DD Ton	ns expiratio	- /ma	n did speed	
		* DOMEST					 ***				•			
MAILING ADD		A POWELL				VP/	T		X Ye	.s	12-3	1-20	10 7	
				10. proj. proj. proj. 10pr. de				0700						
	MAC	HETE TRAIL		AUSTIN	₹		<u>X 7</u>	8729	- DIOCATA	-				
NAME						'nπle			DIRECTO		m expiratio	<b>את</b> [נדונה]	1-00-NNN)	
	-5-64			***************************************					Ye	s				
MAILING ADD	DKF22	I												
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NAME						TITLE			DIRECTO		m expiretio	an (me.	1-00-1999)	
									Ye	s				
MAILING ADD	DKE22	l												
NAME						TITLE			OIRECTO		m expiratio	an (mm	1-00-1919)	
						<u> </u>				25				
MAILING ADD	DRESS	l												
SECTION	NB.	List each corporal	lion or limit	ed liability comp	pany, if any, in	which th	is rep	orting cor	poration	or limi	ted liabi	ility co	mpany o	owns
		an interest of ten	percent (10	of more. Er	nter the inform	ation req	uestec	i for each	corpora	ition of	imitea	парш	ıy compa	any.
Name of owne	ed (subsi	idiary) corporation or lim	ilted hability col	прапу	Sta	ate of inclore	ganizatio	ın i	exas SOS	tile numbi	≥r	Perce	entage Inter	rest
None						•								
Name of owne	ed (subsi	idiary) corporation or lim	iiled liability co	трату	St	ate of inclore	ganizatio	n T	exas SOS	file numb	ar	Perce	entage Inter	rest
SECTION	N C.	List each corporat	tion or limit	ed liability comp	pany, if any, th	at owns	an inte	erest of te	en perce.	nt (10%	6) or mo	re in	this repo	orting
		corporation or limi	iiled liability	/ company. Ente	er the informat	ion reque	ested f	or each c	orporation	on or li	mited lia	ability	company	y
Name of owns	mg (pare	ent) corporation or limited	d liability comp	any	51.	ate of inclore	ganizatio	an T	Texas SOS I	file numb	er	Perce	antage Inter	rest
None					d.									
Registered agr	gent and	registered office currents	ly on file. (See	instructions if you ne	eed to make change	.5.J								
Agenl:	KEV	IN W COLE			•									
Office:	430	4 PARKWOOD I	ROAD						Check	Chere if y	rou need for	rms to r	change this e made on-l	; dine at
	AUS	TIN			TX	78	722	•					osda/index.:	
I declare that		matics in this document	and any atlact	hments is true and cr	orrect to the best of	my knowke	dge and	belief, as of	the dale be	low, and	thetacop	y of thes	report has	been
mailed to each	ti person	named in this report wh	no is an office:	or director and who i	es not surrently emp	lloyed by the	s, or a r	elated, corpo	oration or li	miled liab	ility compa	any.		12/11/06
sign	Officer,	director, or other author	rîzed person		Title			Date,		Daytime	phone (Ar		and number	
here	74	— <i>N- /∄</i>	0		President	-		4/13/	2007	(5	12) 4	182-	0003	IN

# FILED In the Office of the Secretary of State of Texas

MAR 0 3 2008

## Statement of Change in Registered Office, or of Registered Agent, or Both, by Cole & Powell, P.C., A Texas Domestic Corporation

# **Corporations Section**

	1.	The i	name	of the	Corpo	ration	as	stated	in	the	<b>Articles</b>	of	Incorporati	on	is
Cole &	. Pov	well, F	C.												
		_			_										

The Corporation's charter number is 800079806.

2. The address, including street and number, of its present registered office as shown in the records of the Secretary of State of the State of Texas before filing this statement is:

4304 Parkwood Road Austin, Texas 78722.

- 3. The address, including street and number, to which its registered office is to be changed is (no change) (as follows): 4101 Wildwood Road Austrid, Texas 78722
- 4. The name of its present registered agent, as shown in the records of the Secretary of State of the State of Texas, before filing this statement is Kevin W. Cole.
  - 5. The name of its new registered agent is (no change) (as follows:)
- 6. The address of the Corporation's registered office, and the address of the business office of its registered agent, as changed, will continue to be identical to the addresses listed above until notice of change is given, as is required by law.
- 7. Such change was authorized by an officer of the Corporation so authorized by the Board of Directors.

Dated this the 29th day of February 2008

Name
Name

Corporate Office

RECEIVED

MAR - 3 2008

Secretary of State

# Form 503 (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

# **Assumed Name Certificate**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 0 3 2008

# **Corporations Section**

Filing Fee: \$25							
Assumed Name							
The assumed name under which	n the business or profession	onal service is, or is to be, conducted or					
	LAW FIRM						
	Entity Inform	ation					
The name of the entity filing the	e assumed name is:						
Cole & Powell,	P.C.	secretary of state or on its certificate of formation, if					
State the name of the entity as current not filed with the secretary of state.	ly shown in the records of the	secretary of state or on its certificate of formation, if					
The filing entity is a: (Select the ap	propriate entity type below.)	•					
For-profit Corporation		Professional Corporation					
☐ Nonprofit Corporation		Professional Limited Liability Company					
Cooperative Association		Professional Association					
Limited Liability Company		Limited Partnership					
Other							
	there is no check box applicab						
The file number, if any, issued t	o the filing entity by the	secretary of state is: 8000 7 980 4					
The state, country, or other juris							
The registered or similar office	of the entity in the jurisdi	iction of formation is:					
		The state of the s					
The entity is required to mai registered office in Texas and the	ntain a registered office a se name of the registered	and agent in Texas. The address of its agent at such address is:					
Kevin W. Wele	+101 Wildwood Rom	d					
Austin TexAS 787	22	e same as the registered office) is:					
The address of the principal offi	ce of the entity (if not the	e same as the registered office) is:					
400 W. 15th Street	. Suite 304	Austral Texas 78701 ice and agent in Texas. Its office address in					
		ice and agent in Texas. Its office address in					
RI	CEIVED						
orm 503	4						

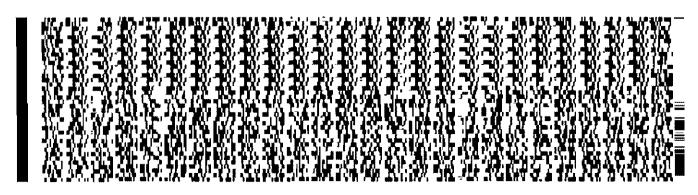
MAR - 3 2008

in Texas is:
The entity is not incorporated, organized or associated under the laws of Texas. The address of
the principal place of business in this state is:
The office address of the entity is:
Period of Duration
The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.
The period during which the assumed name will be used is years from the date of filing with the secretary of state (not to exceed 10 years).
The assumed name will be used until (not to exceed 10 years).
mm/dd/yyyy
County or Counties in which Assumed Name Used
The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:
All counties
All counties with the exception of the following counties:
An countes with the exception of the following countries.
Only the following counties:
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.
Date: 2/29/08  1 . De  President
President
Signature and tale of authorized person(s) (eas instructions)

# 00000668774

(1-08/28) (To be fi	led by Corporal	X PUBLIC INFO	ty Companies (LLC)		RT		
■ Taxpayer number ■ F	Report year	You have certain rigi					
10106784902	2008	Code, to review, requiyou. Contact us at: (					
Taxpayer name COLE & POWELL, PC Mailing address 400 W. 15TH STREET, STE 304 City State AUSTIN		ZIP Code   78701	Plus 4	or Cor	tary of State nptroller file 0079806		
Check box if there are currently no changes or additions to the	information display	ved in Section A of this repo	rt. Then complete Section	ns B and (	<b>3.</b>		
Entity's principal office  400 WEST 15TH STREET, SUITE 304,  Principal place of business  400 WEST 15TH STREET, SUITE 304,  Please sign below! Officer, director, and member info	AUSTIN,	TX 78701 orted as of the date a	Public				
Information Report is completed. The information is a report. There is no requirement or procedure for supor members change throughout the year.	plementing the	information as officers	s, directors,				
<b>SECTION A.</b> Name, title, and mailing address of Name	Title pure	KWC	Director Term		1067849 mmd	020B dyy	,
Mailing address 4101 W.   dward Rd. MAR 4304 PARKWOOD-ROAD   Kurc Name	City AUSTIN Title	resident	X Yes expir State  Director Term	ation   1 TX	ZIP (	ე <b>ც /4</b> Code 22 <i>d y y</i>	- (
Jannifer A. Powell  Mailing address  12736 Machete Trail  Name	City Austin Title	KON C	State State T Director Term Yes expir	X ation	m m d	8729 4 y y	Kwc'
Mailing address	City		State	,	ZIP	Code	
SECTION B. Enter the information required for each corpo Name of owned (subsidiary) corporation or limited liability company None Name of owned (subsidiary) corporation or limited liability company	State	y, in which this reporting ent of formation of formation	Texas SOS file numb	er, il any	Percenta	e. age of Owner age of Owner	
SECTION C. Enter the information required for each corpo Name of owning (parent) corporation or limited liability company None		y, that owns an interest of te	en percent (10%) or mor Texas SOS file numb			ge Ownershi	ip
Registered agent and registered office currently on file. (See instruction Agent: KEVIN W COLE	ns if you need to ma	ake changes.)	Check box if you or registered of			he registere	d agent
Office: 4101 Wildwood Road		City AUSTIN		State	TX	ZIP Code 7	8722
The above information is required by Section 171,203 of Tax Code for A, B, and C, if necessary. The information will be available for public i		limited liability company that	files a Texas Franchise Ta	ax Report. 1	Use addtional s	heels for Se	clions
I declare that the information in this document and any attachments is mailed to each person named in this report who is an officer, director							been
sign - 1/- W. Me	Title	resident	Date	*	Area code and p		
nere / W. W.	r	resident	6/15/08		(512)	482-00	003

Texas Comptroller Official Use Only







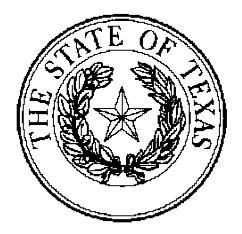
# Forfeiture pursuant to Section 171.309 of the Texas Tax Code of COLE & POWELL, P.C.

File Number: 800079806 Certificate / Charter forfeited: July 30, 2010

#### The Secretary of State finds that:

- 1. The Secretary has received certification from the Comptroller of Public Accounts under Section 171.302 of the Texas Tax Code indicating that there are grounds for the forfeiture of the taxable entity's charter, certificate or registration; and
- 2. The Comptroller of Public Accounts has determined that the taxable entity has not revived its forfeited privileges within 120 days after the date that the privileges were forfeited.

Therefore, pursuant to Section 171.309 of the Texas Tax Code, the Secretary of State hereby forfeits the charter, certificate or registration of the taxable entity as of the date noted above and records this notice of forfeiture in the permanent files and records of the entity.



Hope Andrade Secretary of State



December 6, 2011

# **CERTIFICATE OF ACCOUNT STATUS**

This is in response to your inquiry about the status of

COLE & POWELL, P.C.

This entity is not in good standing as it has not satisfied all franchise tax requirements.

If you need any additional information or assistance, please contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free, nationwide. The Austin number is (512) 463-4600.

Taxpayer number: 10106784902 File number: 0800079806

Form 05-342 (Rev. 12-07/14)



#### Taxable Entity Search Results

# Franchise Tax Certification of Account Status

# This Certification Not Sufficient for Filings with Secretary of State

Obtain a certification sufficient for filings with the Secretary of State.

Certification of Account Status

and a recommendation of the commendation of th

Officers And Directors Information

Entity Information: COLE & POWELL, P.C.

4101 WILDWOOD RD AUSTIN, TX 78722-1121

Status: NOT IN GOOD STANDING

Registered Agent: KEVIN W COLE

4101 WILDWOOD ROAD

**AUSTIN, TX 78722** 

Registered Agent Resignation Date:

State of Formation: TX

File Number: 0800079806

SOS Registration Date: May 1, 2002

Taxpayer Number: 10106784902

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1 of 1





Taxable Entity Search Results

# Franchise Tax Certification of Account Status

#### This Certification Not Sufficient for Filings with Secretary of State

Obtain a certification sufficient for filings with the Secretary of State.

Certification of Account Status Officers And Directors Information

Entity Information: COLE & POWELL, P.C.

4101 WILDWOOD RD AUSTIN, TX 78722-1121

Status: IN GOOD STANDING NOT FOR

DISSOLUTION OR WITHDRAWAL

through May 15, 2012

Registered Agent: KEVIN W COLE

4101 WILDWOOD ROAD

AUSTIN, TX 78722

Registered Agent Resignation Date:

State of Formation: TX

 File Number:
 0800079806

 SOS Registration Date:
 May 1, 2002

 Taxpayer Number:
 10106784902

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