Comptroller of Public Accounts FORM

05-102
(Rev.9-13/32)

Texas Franchise Tax Public Information Report

To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ **Tcode** 13196 Franchise

■ Taxpayer number

■ Report year 2014

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 1-800-252-1381.*

Taxpayer name				■ ◯ Blacken circle if the mailing address has changed.
Mailing address				Secretary of State (SOS) file number or Comptroller file number
City	State	ZIP Code	Plus 4	

◯ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager 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 managers change throughout the year.

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

Name	Title	Director ◯ YES	Term expiration m m d d y y	
Mailing address	City		State	ZIP Code
Name	Title	Director ◯ YES	Term expiration m m d d y y	
Mailing address	City		State	ZIP Code
Name	Title	Director ◯ YES	Term expiration m m d d y y	
Mailing address	City		State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent 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 10 percent or more in this 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:			◯ Blacken circle if you need forms to change the registered agent or registered office information.
Office:	City	State	ZIP Code

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 manager 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 ( ) -

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