TXCA0601 09/12/03

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Daytime phone (Area code and number)

3333

a T Code ■					
a i code m			Do not write in	n the spac	e above
TEXAS FRANCHISE TAX PUBLIC		c Taxpayer identification number			
INFORMATION REPORT			32011226	829	■ 2004
MUST be filed to satisfy franchise tax requirements					
Corporation name and address		e PIR	/ IND ■	1, 2, 3	. 4
FULTON SQUARE, INC.		Se	ecretary of Sta		nber or, if none,
1800 BERING DRIVE SUITE 395		 			red number
HOUSTON TX 77057		Item k on Franchise g ■			
		Tax Re	port form.		0195125
<u></u>		Page I			0133123
The following information MUST be provided for the Secretary of State of 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.	itional sheets for S	Sections A	, B, and C, if i	ity necessary.	
Check here if there are currently no changes to the information pre				ort.	
Corporation's principal office				···	
SAME AS ABOVE					
Principal place of business		•			
SAME AS ABOVE					
SECTION A. Name, title, and mailing address of each officer and d	rector				
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Optional)
WHEAT, JOE F.	S/TRE/	45	X Yes		,,
MAILING ADDRESS		٦ <u>٦</u>	A Tes	Terr	n expiration (mm-dd-yyy
2707 N. LOOP WEST # 380 HOUSTON	TX	77008		101,	ii expiration (//ii//-oc-yyy
NAME 1	TITLE	11000	DIRECTOR	Social Secu	rity Number (Optional)
SHELBY, ALAN	<u> </u>		15.7	300121 3400	nty Humber (Optionar)
MAILING ADDRESS	PRES		X Yes		
	-			I @ m	n expiration
1800 BERING DRIVE # 395 HOUSTON	TX	77057			
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Optional)
BENITEZ, PEDRO	V/PRES	<u>s</u>	X Yes		
MAILING ADDRESS				Term	n expiration (mm-dd-yyy)
1800 BERING DRIVE # 395 HOUSTON	TX	77057			
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Optional)
			Yes		
MAILING ADDRESS				Term	n expiration (mm-dd-yyw
NAME	TITLE		DIRECTOR	Social Secu	rity Number (Optional)
<u> </u>			 		my mamber (optionary
MAILING ADDRESS	<u> </u>		Yes	Tarr	n expiration (mm-dd-yyy
				-	
SECTION B. List each corporation or limited liability company, if ar an interest of ten percent (10%) or more. Enter the interest of ten percent (10%) or more.	iy, in which this re formation requeste	porting coned for each	rporation or lin	nited liabi	lity company owns lability company.
Name of owned (subsidiary) corporation	State of incorpora		Texas SOS file n		Percentage Interest
None					
Name of owned (subsidiary) corporation	State of incorpora	ition	Texas SOS file n	umber	Percentage Interest
, , ,	1				
SECTION C. List each corporation or limited liability company, if ar corporation or limited liability company. Enter the info	rmation requested	terest of to	en percent (10 corporation or)%) or moi limited lia	re in this reporting bility company.
Name of swning (parent) corporation	State of incorpora	ition	Texas SOS file n	umber	Percentage Interest
None	1				
Registered agent and registered office currently on file. (See instructions if you need to make	changes.)	<u> </u>	•		
Agent: JOE F. WHEAT					
Office: 2600 CITADEL PLAZA DRIVE, SUITE 105			Charl H	ere if you	need forms
HOUSTON	TX 7700	8	to chan	ge this info	ormation.
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 by	 best of my knowledge a y this corporation or lim 	and belief and ited liability ci	I that a copy of thi ompany or a relate	s report has t ed corporation	been mailed to each

President

Date 4/27/04

Officer, director, or other authorized person

sign here