

TX2016 05-102  
Ver. 7.0 (Rev.9-15/33)

### Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions



Tcode 13196

<input checked="" type="checkbox"/> Taxpayer number 32011226829	<input checked="" type="checkbox"/> Report year 2016
--	---

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 FULTON SQUARE INC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 1800 BERING DR STE 945			Secretary of State (SOS) file number or Comptroller file number
City Houston	State TX	ZIP code plus 4 77057	

Check box 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 1800 BERING DR STE 945 Houston TX 77057
Principal place of business 1800 BERING DR STE 945 Houston TX 77057

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below! This report must be signed to satisfy franchise tax requirements.**



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

Name JOE F WHEAT	Title SEC TREAS	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y 1 2 3 1 1 7
Mailing address 2707 N LOOP WEST STE 380	City Houston	State TX	ZIP Code 77008
Name ALAN SHELBY	Title PRES	Director <input type="checkbox"/> YES	Term expiration m m d d y y 1 2 3 1 1 7
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057
Name PEDRO BENITEZ	Title VPRES	Director <input type="checkbox"/> YES	Term expiration m m d d y y 1 2 3 1 1 7
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057

#### SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

#### SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	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: JOE WHEAT	You must make a filing with the Secretary of State to change registered agent, registered officer or general partner information.		
Office: 2600 CITADEL PLAZA DR STE 105	City Houston	State TX	ZIP Code 77008

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title OFFICER	Date 02-22-2016	Area code and phone number ( ) -
-----------	------------------	--------------------	-------------------------------------

Texas Comptroller Official-Use-Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
--------------------------------	----------------------------------



161314202509

TX2016 05-102  
Ver. 7.0 (Rev.9-15/33)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196

<input checked="" type="checkbox"/> Taxpayer number 32011226829		<input checked="" type="checkbox"/> Report year 2016		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 FULTON SQUARE INC				<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 1800 BERING DR STE 945				Secretary of State (SOS) file number or Comptroller file number	
City Houston		State TX	ZIP code plus 4 77057		

Check box 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 1800 BERING DR STE 945 Houston TX 77057
Principal place of business 1800 BERING DR STE 945 Houston TX 77057

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below! This report must be signed to satisfy franchise tax requirements.**



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y 1 2 3 1 1 7
CARLOS de la GARZA	VP DEVELOP		
Mailing address	City	State	ZIP Code
1800 BERING STE 945	Houston	TX	77057
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	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)				You must make a filing with the Secretary of State to change registered agent, registered officer or general partner information.			
Agent:							
Office:		City	State	ZIP Code			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title OFFICER	Date 02-22-2016	Area code and phone number ( ) -
-----------	------------------	--------------------	-------------------------------------

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------

