

TX2012

Ver. 3.0 05-102 (Rev.9-11/30)

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

Taxpayer number

32011226829

Report year

2012

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 (800) 252-1381 or (512) 463-4600.

Taxpayer name FULTON SQUARE, INC.

Mailing address 1800 BERING DRIVE SUITE 945

City HOUSTON

State TX

ZIP Code 77057

Plus 4

Secretary of State (SOS) file number or Comptroller file number

0800195125

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 STE 945, HOUSTON, TX 77057

Principal place of business

1800 BERING STE 945, HOUSTON, TX 77057

Please sign below! Officer, director and member 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 members change throughout the year.



3201122682912

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

Name

Title

Director

m m d d y y

WHEAT, JOE F.

S/TREAS

[X] Yes

Term expiration

123111

Mailing address

2707 N. LOOP WEST # 380

City

HOUSTON

State

TX

ZIP Code

77008

Name

SHELBY, ALAN

PRES

[X] Yes

Term expiration

123111

Mailing address

1800 BERING DRIVE # 395

City

HOUSTON

State

TX

ZIP Code

77057

Name

BENITEZ, PEDRO

V/PRES

[X] Yes

Term expiration

123111

Mailing address

1800 BERING DRIVE # 395

City

HOUSTON

State

TX

ZIP Code

77057

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

None

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

None

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 F. WHEAT

Check box if you need forms to change the registered agent or registered office information.

Office:

2600 CITADEL PLAZA DRIVE, SUITE 105

City

HOUSTON

State

TX

ZIP Code

77008

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 currently employed by this, or a related, corporation or limited liability company.

sign here

Alan Shelby

Title

Pres

Date

2/12/12

Area code and phone number

713 975 2825

Texas Comptroller Official Use Only

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