

TX2015 05-102
Ver. 6.0 (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

■ Taxpayer number **32011226829** ■ Report year **2015**

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** 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 **77057** Plus 4

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**

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.



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

Name	Title	Director	Term expiration
JOE F WHEAT	SEC TREAS	<input checked="" type="checkbox"/> YES	m m d d y y 1 2 3 1 1 6
Mailing address 2707 N LOOP WEST STE 380	City Houston	State TX	ZIP Code 77008
ALAN SHELBY	PRES	<input type="checkbox"/> YES	m m d d y y 1 2 3 1 1 6
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057
PEDRO BENITEZ	VPRES	<input type="checkbox"/> YES	m m d d y y 1 2 3 1 1 6
Mailing address 1800 BERING STE 945	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	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: **JOE WHEAT** Check box if you need forms to change the registered agent or registered office information.
Office: **2600 CITADEL PLAZA DR STE 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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Alan Shelby** Title **OFFICER** Date **02-03-2015** Area code and phone number **(713) 974-1777**

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