Do not write in the space above c Taxpayer identification number d Repo

30010613385

d Report year 2004

a T Code ■ 13196

TEXAS	FRANC	HISE	TAX	PUBL	_IC
INFORM	MATION	I REP	ORT		

MUST be filed to satisfy franchise tax requirements

MUST be filed to satisfy franchise tax requirements			L						
Corporation name and address	_		e PIR			, 3, 4			
WESTHILL,INC. 1800 BERING ,SUITE 395	;		Se	Secretary of State file number or, if none, Comptroller unchartered number					
HOUSTON TX 7'	7057			on Franchis port form,	_	g ■ 104219400	-		
The following information MUST be provided for the Secretary company that files a Texas Corporation Franchise Tax Report The information will be available for public inspection.	of State (SOS) t. Use additional	by each co sheets for	rporation of	r limited lial B, and C, i	bility if necessa	ary.			
If the preprinted information is not correct, please type or prin	nt the correct info	ormation. P	lease sign :	below!					
Check here if there are currently no changes to the inform					eport.				
Corporation's principal office									
SAME AS ABOVE Principal place of business									
SAME AS ABOVE									
SECTION A. Name, title, and mailing address of each off	icer and director	<u> </u>			.				
NAME	icer and director.	TITLE		DIRECTOR	Social Se	ecurity Number (Optio	mal)		
WHEAT, JOE F.		S/TRE	AS	X Yes	- -		,		
MAILING ADDRESS 2600 Citadel Plaza Drive, \$105	.	<u> </u>	,,,,	IN 163		Term expiration (mm-c	id-yyyy)		
2707 N: LOOP WEST #380 HOUST	ON	TX	77008			, .			
NAME		TITLE		DIRECTOR	Social Se	ecurity Number (Option	onal)		
SHELBY, ALAN		PRES		X Yes	_				
MAILING ADDRESS	011				7	Ferm expiration			
1800 BERING DRIVE #495 #395 HOUST	UN	TITLE	77057	DIDECTOR	1 1				
BENITEZ, PEDRO		V/PRE	S	X Yes	_	ecurity Number (Option	onai)		
MAILING ADDRESS		1 171112		1 1/1 103		Term expiration (mm·c	id·yyyy)		
1800 BERING DRIVE #495 # 395 HOUST	<u>ON</u> .	TX	77057			_			
NAME ,?	•	TITLE		DIRECTOR		ecurity Number (Option	onal)		
MAILING ADDRESS	· · · · · ·	l <u> </u>		111162		erm expiration (mm-c	id-yyyy)		
NAME		TITLE		DIRECTOR	Social Se	curity Number (Option			
 '				Yes			,		
MAILING ADDRESS			_		T	erm expiration (mm-c	1d-yyyy)		
SECTION B. List each corporation or limited liability com an interest of ten percent (10%) or more. Er	pany, if any, in water the informati	vhich this re	eporting cor ed for each	poration or corporation	limited lia or limited	ability company o	wns ly.		
Name of owned (subsidiary) corporation		ate of incorpora		Texas SOS file		Percentage Int			
None									
Name of owned (subsidiary) corporation	50	ate of incorpora	ation	Texas SOS file	e number	Percentage Int	erest		
SECTION C. List each corporation or limited liability com corporation or limited liability company. Enter	pany, if any, that er the information	owns an ir n requested	nterest of te	n percent (orporation (10%) or nor limited	nore in this repor liability company	ting		
Name of owning (parent) corporation	Sta	ate of incorpora	ation	Texas SOS file	e number	Percentage int	erest		
None Registered agent and registered office currently on file. (See instructions if your									
	need to make changes	5.)							
Agent: JOE F. WHEAT	F 105								
Office: 2600 CITADEL PLAZA DRIVE, SUIT HOUSTON	TX_	7700	18	to cha	onere if y	ou need forms information.	_		
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation. TXCA0601 09/12/03									
sign Officer, director, or other authorized person	President		Date 4/)7	104	aytime phon	e (Area code and num	nber)		
with a town	77.41.10		1 1/5/	1" '			IN		