TX2015

05-102

Texas Franchise Tax Public Information Report

Ver. 6.0

(Rev.9-13/32)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

国 Tcode 13196

Taxpayer number	Rep	Report year		You have certain rights under Chapter 552 and 659,					
30010613385	20	15	(Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.					
WESTHILL INC					Check	box if the mailing	address has	changed.	
1800 BERING STE 945	· · ·					Secretary of Si Comptroller file	tete (SOS) file nu e number	mber or	
City Sta Houston Sta	TX	ZiP	^{Code} 77057	Plus 4					
Check box if there are currently no changes from previous	ous year; if no inform	nation is displaye	d, complete the	applica	ble inform	ation in Sections	A, B and C.		
Principal office 1800 BERING STE 945 Housto	n TX 770	57 ·							
Principal phace of business 1800 BERING STE 945 Houston TX 77057									
Please sign below! Officer, director and manage Report is completed. The infreport. There is no requirem officers, directors, or manage officers, directors,	ormation is updated ant or procedure for ers change through	l annually as part r supplementing the out the year.	of the franchise	tax	·	3(0010613	38515	
SECTION A Name, title and mailing address of each office Name	Title	ger.	· · · · · · · · · · · · · · · · · · ·	Director	T	m	m d	d y y	
TOD IS SUIDAM	CRC T	GEG MDEAG			. 1	orm piration 1 2	2 3 1 1	. 6	
Agiling address City.		EC TREAS			SI	ate ZIP Code 77008			
Name LOOP WEST STE 380	Title	Houston Title				m		dyy	
ALAN SHELBY	PRES		[[YE		piration 1	2 3 1 1	. 6	
Mailing address 1800 BERING STE 945	Cily				St	e ZIP Code 77057			
Name	Tille	COIL		Director		m n		d y y	
PEDRO BENITEZ	VPRES][YE	. 1		2 3 1 1	. 6	
Malling address 1800 BERING STE 945	City Hous	·			St	ate PX	ZIP Cod 770		
SECTION B Enter the information required for each corpo	· · · · · · · · · · · · · · · · · · ·	7.	tity owns an inte	erest of	10 percen	t or more.			
Name of owned (subsidiary) corporation or limited liability company	State of forma	State of formation Texes SO			S file number, if any Percentage of ownership				
Name of owned (subsidiary) corporation or limited liability company		State of forma	State of formation Texas			OS file number, if any Percentage of ownership			
SECTION C Enter the information required for each corporation in the information in	oration or LLC, if any	y, that owns an in	terest of 10 perc	ent or i	more in thi	s entity or limited	1	-	
Name of owned (parent) corporation or limited liability company	State of forma	State of formation Texas SC			e number, if eny	Percentage of	ownership		
Registered agent and registered office currently on file (see instructions if you need to make chi Agent: JOE WHEAT			1 1			If you need forms to change red agent or registered office information.			
Offica: 2600 CITADEL PLAZA DR	STE 105	Cit Ho	ouston			State T'	ZIP Co	rde 7008	
The above information is required by Section 171.203 of the Tex Cod	ofor each corporation of	or limited liability co		Texes F	ranchise Ta				
for Sections A, B, and C, if necessary. The information will be availabed declare that the information in this document and any attachments	is true and correct to the	ne best of my knowle							
been mailed to each person named in this report who is an officer, d	rector or manager and	Title		or a ret Date	ated, corpo		code and phone	number	
here We Shelly	<u></u>	OFFICER		02-	03-2	015	<u>13) 974.</u>	וורן.	
	Texas Com	ptroller Offici	l Use Only						
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