Filing Number: 104219400



## **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 Franchise																						
■ Taxpayer number										■ Report year							You have certain rights under Chapter 552 and 559,					
3	0 0 1 0 6 1 3 8 5 2 0 1 8 Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1																					
Taxpa	WESTHILL INC  Blacken circle if the mailing address has changed.																					
Mailir	ng addi	ress			G STE	945	<u> </u>		***************************************							Secretary of State (SOS) file number or Comptroller file number						
City Houston State										<b>TX</b> ZIP code plus 4 <b>77057</b>						0104219400						
O E	Blacker	n circle if	there a	re currer	ntly no ch	anges	from	previo	us year; if n	o info	rmation	n is dis	played, com	plete the	applicat	le informat	ion in Sec	tions A,	B and C.			
Princi	pal offi		00 BI	ERING	STE	945.	Но	usto	n, TX, 7	705	 7											
Princi	Principal place of business 1800 BERING 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							T	m	m	d d	у	у	
JOE F WHEAT									SEC TREAS YES						Term expiration	n <b>1</b>	2 :	3 1	1	9		
Mailing address 2600 CITADEL PLAZA DR STE 105									City	City						State ZIP Code 77008						
Name									Title						or	т	m	m	d d	у	у	
ALAN SHELBY										PRES • YES						Term expiration 1 2 3 1 1 9					9	
Mailing address 1800 BERING STE 945									City	City Houston						State						
Name									Title							m m d d y y					у	
PEDRO BENITEZ										V PRES ADM YES						expiratio	n <b>1</b>	2 :	3 1	1	9	
Mailir 18	ng addi <b>00 B</b>	ress ERINC	STE	E 945					City	City Houston						State TX ZIP Code 77057						
SECT	ION E	<b>3</b> Enter	inforn	nation f	or each	corpo	oratio	n, LLC	, LP, PA or	finar	ncial in	stitut	ion, if any,	in which	n this en	tity owns a	an intere	st of 10	) percen	t or i	more.	
Name	of ow	ned (subs	idiary) c	orporation	on, LLC, LI	P, PA or	financ	ial insti	tution		State	of forr	nation		Texas SOS	file number	r, if any	Percen	tage of o	wnersh	hip	
Name	Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution									on State of formation Texas SOS						S file number, if any Percentage of ownership						
SECT	ION (	E Enter	inform	nation f	or each	corpo	ratio	n . I I C	`. I P. PA o	r finai	ncial ir	nstitu	tion, if any	that ow	ns an in	terest of 1	0 perce	nt or m	ore in th	nis en	ıtitv.	
	<b>SECTION C</b> Enter information for each corporation, LLC, LF Name of owned (parent) corporation, LLC, LP, PA or financial institution																6 file number, if any Percentage of ownership					
Registered agent and registered office currently on file (see instructions i										(						filing with the Secretary of State to change registered						
		DE F V			currentiy	on file	(see II	nstructio	ons it you nee	ea to m	аке спа					filing with the office or gen		,	ation.			
Office	. 26	00 CI	<b>TADE</b>	L PL	AZA D	R S	TE 1	05				Ci	ty	Houst	ton		State <b>T</b>	X	ZIP Cod	7008	3	
									Code for ea ailable for p				, LP, PA or fina	ncial insti	itution tha	at files a Texa	s Franchis	e Tax Re	port. Use a	additic	onal	
been	maile	d to each	person i	named in									of my knowle er or manager									
sig		or financia	l institu	tion.						Title	e			Date			Area	ode and	l phone n	umber		
her	<u>e)</u>	ALAN SHELBY							OFFICER 05/03/													
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																VE/DE		DID	ир Т		_	
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## **Texas Franchise Tax Public Information Report**

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■ Taxpayer number ■ Report year You have certain rights under Chapter 552 and 559,													
3 0 0 1 0 6 1 3 3 8 5	2 0	1	8			rnment Code, to revi	ew, request and correct in you. Contact us at 1-800-	formation					
Taxpayer name WESTHILL INC Blacken circle if the mailing address has changed.													
Mailing address 1800 BERING STE 945						Secretary of State (SOS) file number or Comptroller file number							
City Houston State	TX		ZIP c	ode plus 4	0104219400								
Blacken circle if there are currently no changes from previous you	ear; if no info	rmation	ı is disp	layed, compl	e information in Sections A, B and C.								
Principal office 1800 BERING STE 945, Houston,	TX, 7705	7				2 (00) (01) (01) (01)		8384 HARV MIN (1084					
Principal place of business 1800 BERING 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   Director   m m d d y													
CARLOS J de la GARZA		P DE\	VELC	)P	YES	Term expiration 1							
Mailing address	City		Шан	uoton	L	State	ZIP Code	<del>-</del>					
Name	Title		пои	ston	Director	TX	7705	<i>y y</i>					
					YES	Term expiration							
Mailing address	City				State ZIP Code								
Name	Title				Director	m m d d y y							
M. W	City				YES	expiration	7ID C - d -						
Mailing address	City				State ZIP Code								
<b>SECTION B</b> Enter information for each corporation, LLC, LP Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution			stitution	·····	ity owns an interest of 10 percent or more.  file number, if any Percentage of ownership								
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution.			of forma			S file number, if any		ercentage of ownership					
Traine of owned (Jubsicially) Corporation, EEC, E1,17701 Interior Institution		June			Техаз зо	, , , , , , , , , , , , , , , , , , , ,							
<b>SECTION C</b> Enter information for each corporation, LLC, LF	P, PA or fina	ncial in	rstituti	on, if any, tl	hat owns an ir	nterest of 10 per	rcent or more in this	entity.					
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State	of forma	ation	S file number, if any	Percentage of own	ership						
Registered agent and registered office currently on file (see instructions in Agent:	f you need to n	nake cha	inges)			filing with the Secretary of State to change registered office or general partner information.							
Office:			City		State								
The information on this form is required by Section 171.203 of the Tax Cosheets for Sections A, B and C, if necessary. The information will be available.				P, PA or financ	cial institution th	at files a Texas Franc	chise Tax Report. Use add	I litional					
I declare that the information in this document and any attachments is to been mailed to each person named in this report who is an officer, direct	true and corre	ct to the	best of										
LLC, LP, PA or financial institution.	Tit				Date		Area code and phone number						
here / ALAN SHELBY			FFIC		/2018 (	713) 975 - 282	5						
Texa	s Comptr	oller (	Offici	al Use Or									
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