



05-102
(Rev.9-15/33)

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

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2 0 1 8

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 WESTHILL INC			<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.		
Mailing address 1800 BERING STE 945			Secretary of State (SOS) file number or Comptroller file number 0104219400		
City Houston	State TX	ZIP code plus 4 77057			

Blacken circle 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



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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	Director	Term expiration	m	m	d	d	y	y
JOE F WHEAT	SEC TREAS	<input checked="" type="checkbox"/> YES		1	2	3	1	1	9
Mailing address 2600 CITADEL PLAZA DR STE 105	City Houston	State TX	ZIP Code 77008						
ALAN SHELBY	PRES	<input checked="" type="checkbox"/> YES		1	2	3	1	1	9
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057						
PEDRO BENITEZ	V PRES ADM	<input checked="" type="checkbox"/> YES		1	2	3	1	1	9
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

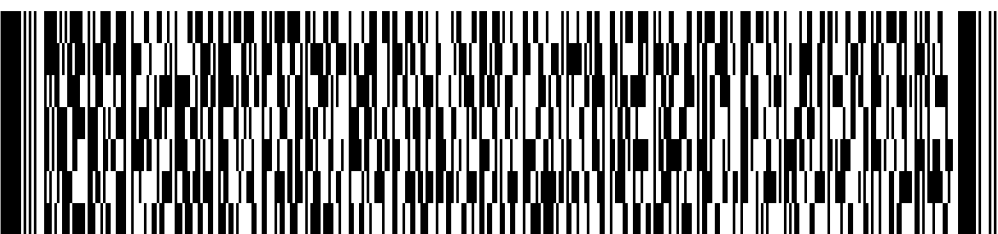
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: JOE F WHEAT			
Office: 2600 CITADEL PLAZA DR STE 105	City Houston	State TX	ZIP Code 77008

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	ALAN SHELBY	Title OFFICER	Date 05/03/2018	Area code and phone number (713) 975 - 2825
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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Name CARLOS J de la GARZA	Title VP DEVELOP	Director <input type="checkbox"/> YES	Term expiration m m d d y y 1 2 3 1 1 9
Mailing address 1800 BERING STE 945	City Houston	State TX	ZIP Code 77057
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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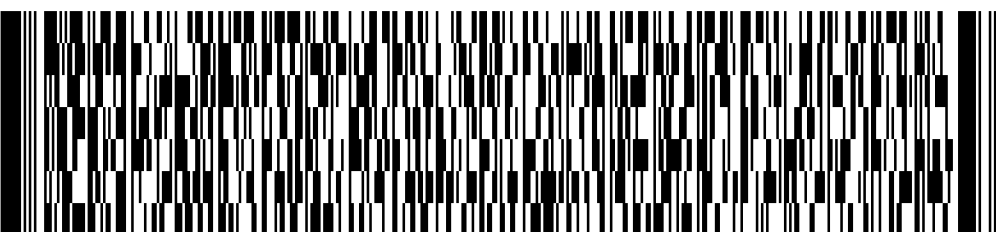
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Office:			

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sign here ALAN SHELBY	Title OFFICER	Date 05/03/2018	Area code and phone number (713) 975 - 2825
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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TRANSMITTER ID = DRAKE SOFTWARE

TLN = 00041017674