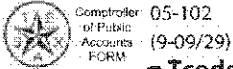


TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements



Comptroller of Public Accounts Form 9-09/29
Tcode 13196

Taxpayer number

Report year

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

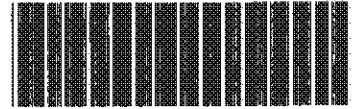
3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name ARAMCO BRATS, INC.				Secretary of State file number or Comptroller file number 0139197301	
Mailing address [REDACTED]					
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]	Plus 4 [REDACTED]		

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 AS ABOVE
Principal place of business AS ABOVE



3011845894911

Please sign below!

Officer, director and member 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 members change throughout the year.

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

Name	Title	Director	Term expiration
L. MARIE LITTLEJOHN DUNN	PRESIDENT	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address [REDACTED]	City [REDACTED]	State TX	ZIP code [REDACTED]
RANDA OWEN-WILLIAMS	VICE PRESIDENT	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address [REDACTED]	City [REDACTED]	State TX	ZIP code [REDACTED]
THOMAS LITTLEJOHN	TREASURER	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address [REDACTED]	City [REDACTED]	State LA	ZIP code [REDACTED]

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
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 ten percent (10%) 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
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

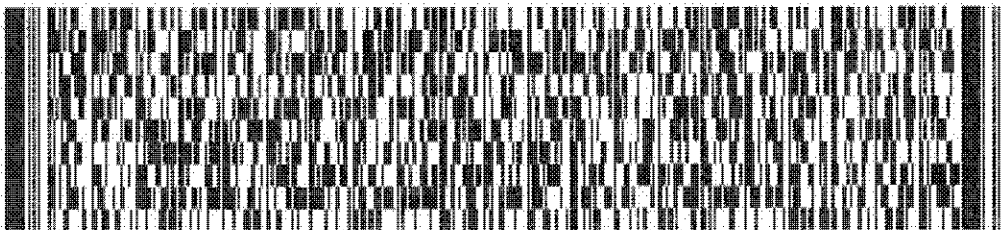
Registered agent and registered office currently on file. (See instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: L. MARIE DUNN							
Office: [REDACTED]	City: [REDACTED]	State: [REDACTED]	ZIP Code: [REDACTED]				

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 member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here [REDACTED]	Title TREASURER	Date 5/15/11	Area code and phone number [REDACTED]
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller of Public Accounts FORM 05-102 (9-09/29)

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

Report year

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

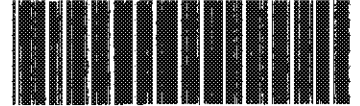
3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name ARAMCO BRATS, INC.				Secretary of State file number or Comptroller file number 0139197301	
Mailing address [REDACTED]					
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]	Plus 4		

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 AS ABOVE
Principal place of business AS ABOVE



3011845894911

Please sign below!

Officer, director and member 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 members change throughout the year.

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

Name	Title	Director	Term expiration
KIM ZINSZER	SECRETARY	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DIANE SLINGLUFF	REUNION OVERSIGHT DIRECTOR	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ANDREW BOBB	DIRECTOR AT LARGE	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) 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 ten percent (10%) 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

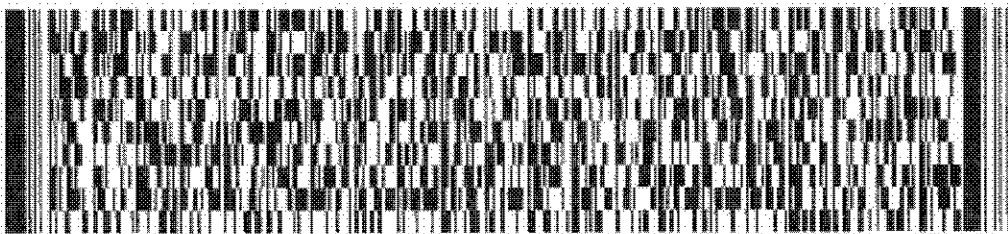
Registered agent and registered office currently on file. (See instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information	
Agent: L. MARIE DUNN					
Office:	City	State	ZIP Code		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

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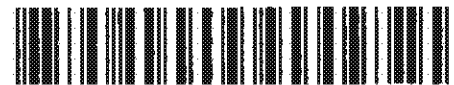
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

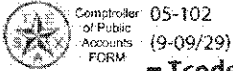
sign here	Title TREASURER	Date 5/15/11	Area code and phone number [REDACTED]
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (9-09/29)

Tcode 13196

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

Taxpayer number

Report year

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3 0 1 1 8 4 5 8 9 4 9

2 0 1 1

Taxpayer name
ARAMCO BRATS, INC.

Mailing address
[Redacted]

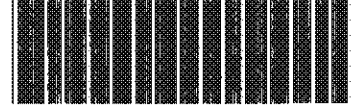
City [Redacted] State [Redacted] ZIP Code [Redacted] Plus 4 [Redacted]

Secretary of State file number or Comptroller file number
0139197301

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
AS ABOVE

Principal place of business
AS ABOVE



3011845894911

Please sign below!

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

Name	Title	Director	Term expiration
			m m d d y y
DIANA GEERDES	DIRECTOR AT LARGE	<input checked="" type="radio"/> YES	1 0 3 1 1 1
Mailing address	City	State	ZIP code
[Redacted]	[Redacted]	[Redacted]	[Redacted]
DUANE HOPPLE	DATABASE DIRECTOR	<input checked="" type="radio"/> YES	1 0 3 1 1 1
Mailing address	City	State	ZIP code
[Redacted]	[Redacted]	[Redacted]	[Redacted]
MIKE SIMMS	PUBLICATIONS DIRECTOR	<input checked="" type="radio"/> YES	1 0 3 1 1 1
Mailing address	City	State	ZIP code
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

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SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) 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: **L. MARIE DUNN**

Office: [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]

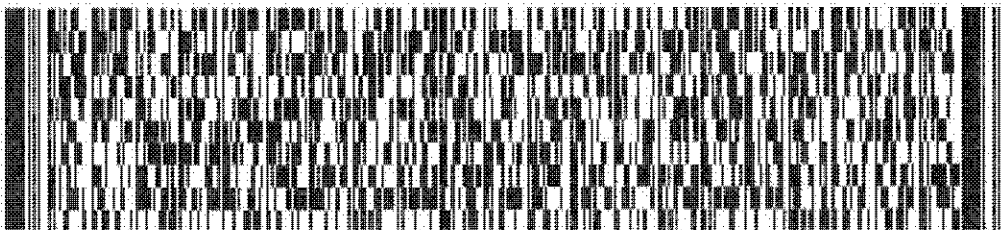
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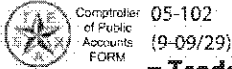
sign here [Redacted] Title **TREASURER** Date **5/15/11** Area code and phone number [Redacted]

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Taxpayer name
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Mailing address
[REDACTED]

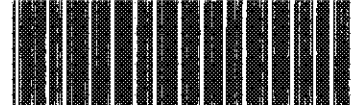
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Secretary of State file number or Comptroller file number
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SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
ROBIN WHITE	CLASS REP. DIRECTOR	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
DAWN KOLB	WEBSITE DIRECTOR	<input checked="" type="radio"/> YES	m m d d y y 1 0 3 1 1 1
Mailing address	City	State	ZIP code
Name	Title	Director	Term expiration
		<input type="radio"/> YES	m m d d y y
Mailing address	City	State	ZIP code

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Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **L. MARIE DUNN** Blacken circle if you need forms to change the registered agent or registered office information.

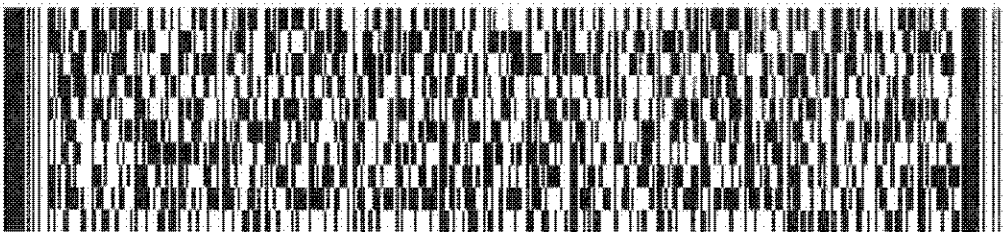
Office: [REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED]

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.

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Sign here [REDACTED] Title **TREASURER** Date **5/15/11** Area code and phone number [REDACTED]

Texas Comptroller Official Use Only



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