



Comptroller of Public Accounts FORM

05-102

(Rev. 1-08/28)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report **MUST** be filed to satisfy franchise tax requirements

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.

Taxpayer number Report year

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 1 | 1 | 8 | 4 | 5 | 8 | 9 | 4 | 9 | 2 | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
AS ABOVE
 Principal place of business
AS ABOVE



3011845894909

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 |
|----------------------|---------------------|--------------------------------------|----------------------------|
| MIKE SIMMS | PRESIDENT | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| Mailing address | City | State | ZIP code |
| L. MARIE DUNN | V. PRESIDENT | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| Mailing address | City | State TX | ZIP code 77479 |
| DOUG WEBB | TREASURER | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| Mailing address | City | State | ZIP code |
| KIM ZINSZER | SECRETARY | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| Mailing address | City | State | ZIP code |

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting 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 reporting 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 |
|---|--------------------|-------------------------------|-------------------------|
| | | | |

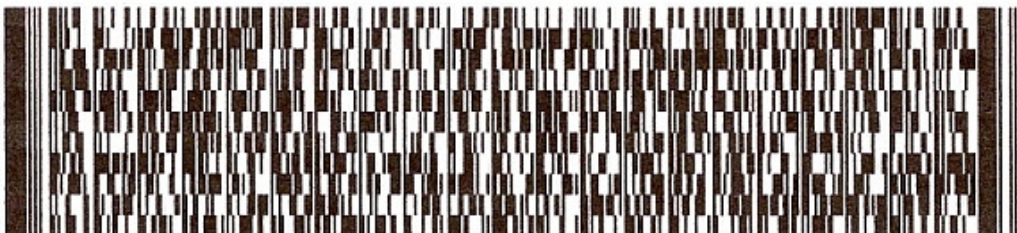
Registered agent and registered office currently on file. (See instructions if you need to make changes)
Agent: L. MARIE DUNN Blacken circle if you need forms to change the registered agent or registered office information.
Office: City State ZIP code

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 Title
TREASURER Date
5/14/2009 Area code and phone number
 ()

Texas Comptroller Official Use Only



VE/DE PIR IND





05-102
(Rev. 1-08/28)
Tcode 13196

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Taxpayer number Report year

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 1 | 1 | 8 | 4 | 5 | 8 | 9 | 4 | 9 |
| 2 | 0 | 0 | 9 | | | | | | | |

| | | | | | |
|--|---------------------|------------------------|----------------------|--|--|
| 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 or additions to the information displayed in Section A of this report. Then complete Sections B and C.

| |
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| Entity's principal office AS ABOVE |
| Principal place of business AS ABOVE |



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Please sign below!

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

| | | | |
|-------------------------------|---------------------------------------|--|--|
| Name PENNY MAHER | Title DATABASE DIRECTOR | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 1 0 3 1 0 9 |
| Mailing address [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP code [REDACTED] |
| Name DIANA GEERDES | Title DIRECTOR AT LARGE | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 1 0 3 1 0 9 |
| Mailing address [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP code [REDACTED] |
| Name GARY BARNES | Title DIRECTOR AT LARGE | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 1 0 3 1 0 9 |
| Mailing address [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP code [REDACTED] |
| Name DEAN BARNES | Title PUBLICATIONS DIRECTOR | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 1 0 3 1 0 9 |
| Mailing address [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP code [REDACTED] |

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting 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 |
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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 reporting 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** Blacken circle if you need forms to change the registered agent or registered office information.

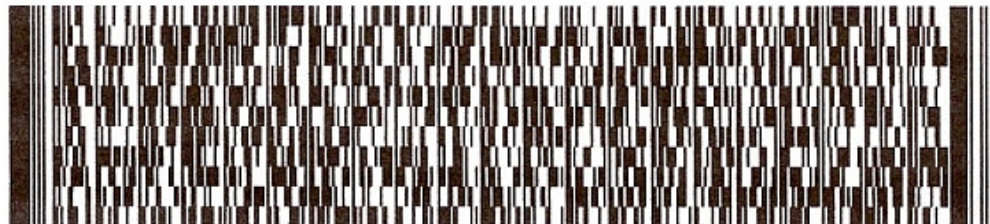
| | | | |
|--------------------|------------------|-------------------|----------------------|
| Office: [REDACTED] | City: [REDACTED] | State: [REDACTED] | ZIP Code: [REDACTED] |
|--------------------|------------------|-------------------|----------------------|

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.

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 5/14/2009 | Area code and phone number ([REDACTED]) [REDACTED] |
|-----------|---------------------------|--------------------------|---|

Texas Comptroller Official Use Only



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|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



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(To be filed by Corporations and Limited Liability Companies (LLCS))
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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.

Taxpayer number Report year

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 1 | 1 | 8 | 4 | 5 | 8 | 9 | 4 | 9 | 2 | 0 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

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AS ABOVE
 Principal place of business
AS ABOVE



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 |
|--------------------|-------------------------------|--------------------------------------|----------------------------|
| DAWN KOLB | WEBSITE DIRECTOR | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| Mailing address | City | State | ZIP code |
| DIANE ADAMS | REUNION OVERSIGHT DIR. | <input checked="" type="radio"/> YES | m m d d y y 1 0 3 1 0 9 |
| 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 |
| Name | Title | Director | Term expiration |
| | | <input type="radio"/> YES | m m d d y y |
| Mailing address | City | State | ZIP code |

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting 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 reporting entity or limited liability company.

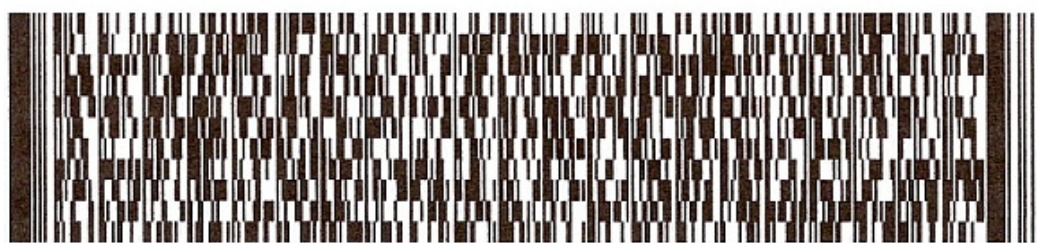
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of Ownership |
|---|--------------------|-------------------------------|-------------------------|
| | | | |

Registered agent and registered office currently on file. (See instructions if you need to make changes)
 Agent: **L. MARIE DUNN** Blacken circle if you need forms to change the registered agent or registered office information.
 Office: _____ City _____ State _____ ZIP Code _____

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 *[Signature]* Title **TREASURER** Date **5/14/2009** Area code and phone number () _____

Texas Comptroller Official Use Only



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05-163
(1-08)

TEXAS FRANCHISE TAX NO TAX DUE INFORMATION REPORT

■ Tcode 13255 Annual

| | | | |
|-----------------------|---------------|------------|---|
| ■ Taxpayer number | ■ Report year | Due date | Privilege period covered by this report |
| 3 0 1 1 8 4 5 8 9 4 9 | 2 0 0 9 | 05/15/2009 | 01/01/2009 — 12/31/2009 |

| | | | | | |
|---|---------------------|-----------------------|--|---|---|
| Taxpayer name Aramco Brats, Inc. | | | | Secretary of State file number or Comptroller file number 0139197301 | |
| Mailing address [REDACTED] | | | | | |
| City [REDACTED] | State [REDACTED] | Country [REDACTED] | ZIP Code [REDACTED] | Plus 4 [REDACTED] | Blacken circle if the address has changed <input type="radio"/> |
| ■ Election (Must blacken only one circle) | | | 1. COST OF GOODS SOLD <input type="radio"/> 2. COMPENSATION <input type="radio"/> 3. 70% OF REVENUE <input checked="" type="radio"/> | | SIC code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | | NAICS code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see 171.1015. <input type="radio"/> | | | | | |
| Blacken circle if this is a Corporation or Limited Liability Company <input checked="" type="radio"/> Blacken circle if this is an Entity other than a Corporation or Limited Liability Company <input type="radio"/> | | | | | |

If you select any of the questions below, you qualify to use this No Tax Due Information Report:
(Blacken all circles that apply)

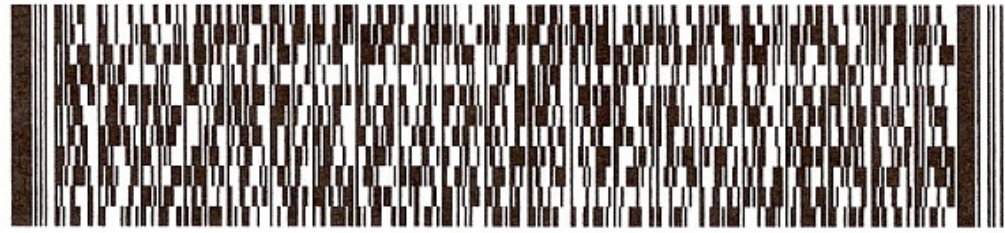
1. Is this a passive entity as defined in Chapter 171 of the Texas Tax Code? (See instructions) 1.
 2. Does the entity have \$300,000 or less in Total Revenue? (See instructions) 2.
 3. Does the entity have zero Texas Gross Receipts? 3.
 4. Did you use the 2008 Temporary Credit for Business Loss Carryforwards? 4.
- 5a. Accounting year begin date 5a. 5b. Accounting year end date 5b.
6. TOTAL REVENUE (Whole dollars only) 6.

This form may not be used if electing the E-Z Computation method.

| | | |
|---|--------------------------|--|
| Print or type name Douglas Webb | | Area code and phone number ([REDACTED]) [REDACTED] |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | |
| sign here | Date 5/14/2009 | Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348 |

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide.
The Austin number is (512) 463-4600.

Texas Comptroller Official Use Only



| | |
|---------|---|
| VE/DE | <input type="radio"/> |
| PM Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |