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Comptroller of Public Accounts FORM 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: 3 2 0 3 6 3 2 2 3 7 1

■ Report year: 2 0 1 7

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	■ ◯ Blacken circle if the mailing address has changed.
FIGURE FOUR PARTNERS, LTD.	

Mailing address	Secretary of State (SOS) file number or Comptroller file number
PO BOX 34306	

City	State	ZIP code plus 4	
HOUSTON	TX	77234	0009957910

◯ 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
9000 GULF FWY, HOUSTON, TX 77017-7077
Principal place of business: TEXAS

You must report officer, director, member, general partner and manager information as of the date you complete this report.

3203632237117

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.

3203632237117

Name	Title	Director	Term expiration (m m d d y y)
PWSA, INC.	GENERAL PARTNER	◯ YES	
Mailing address PO BOX 34306	**City** HOUSTON	**State** TX	**ZIP Code** 77234
RICK HALE	SR. VICE PRESIDENT	◯ YES	
PO BOX 34306	HOUSTON	TX	77234
MICHAEL MOORE	CFO	◯ YES	
PO BOX 34306	HOUSTON	TX	77234

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
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
PERRY HOMES, LLC	TX	800837080	99.0

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

Agent: PWSA, INC.

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office:	City	State	ZIP Code
9000 GULF FWY	HOUSTON	TX	77017-7077

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	Title	Date	Area code and phone number
Michael Moore	CFO	05/12/2017	(713) 948 - 7700

Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196 Franchise|32036322371|2017|Fri May 12 2017 08:18:48 GMT-0500 (Central Daylight Time)|9997|0|

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Comptroller of Public Accounts FORM 05-102 (Rev.9-15/33)

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■ **Tcode** 13196 Franchise

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City	State	ZIP code plus 4
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3203632237117

Name	Title	Director	Term expiration (m m d d y y)
MICHAEL BRISCH	EXEC. VICE PRESIDENT	◯ YES	
Mailing address	**City**	**State**	**ZIP Code**
PO BOX 34306	HOUSTON	TX	77234
Name	Title	Director	Term expiration (m m d d y y)
		◯ YES	
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration (m m d d y y)
		◯ YES	
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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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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Agent:

Office:	City	State	ZIP Code

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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, 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	Title	Date	Area code and phone number
[signature]	CFO	05/12/2017	(713) 948 - 7700

Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196 Franchise|32036322371|2017|Thu Apr 27 2017 08:56:48 GMT-0500 (Central Daylight Time)|9997|0|

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