



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

3 0 1 1 3 5 8 5 7 3 8

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 PSWA, INC.		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address PO BOX 34306		Secretary of State (SOS) file number or Comptroller file number 0113009500	
City HOUSTON	State TX	ZIP code plus 4 77234	

● 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
Principal place of business TEXAS

You must report officer, director, member, general partner and manager information as of the date you complete this report. **3011358573817***

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.

3011358573817

Name KATHY P. BRITTON	Title CEO	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address PO BOX 34306	City HOUSTON	State TX	ZIP Code 77234
Name MICHAEL C. BRISCH	Title EXECUTIVE VP	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address PO BOX 34306	City HOUSTON	State TX	ZIP Code 77234
Name GEORGE M. BRITTON, JR.	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address PO BOX 34306	City HOUSTON	State TX	ZIP Code 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 PERRY HOMES, LLC	State of formation TX	Texas SOS file number, if any 0800837080	Percentage of ownership 100
---	---------------------------------	--	---------------------------------------

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: MICHAEL C. BRISCH	Office: 9000 GULF FWY	City HOUSTON	State TX
		State TX	ZIP Code 77017

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

Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196 Franchise|30113585738|2017|Fri May 12 2017 08:23:35 GMT-0500 (Central Daylight Time)|9997|0|

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

