

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006284

1. Entity Name
AUSTIN COMMERCIAL, INC.



Principal Place of Business

3535 TRAVIS
SUITE 300
DALLAS, TX 75204

Mailing Address

TAX DEPARTMENT
P.O. BOX 1590
DALLAS, TX 75221-1590

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2501531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLS, DAVID B
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX 75204
TITLE	VP
NAME	JACKSON, TONY J
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX 75204
TITLE	S
NAME	NELSON, ELAINE
STREET ADDRESS	3535 TRAVIS ST., STE 300
CITY-ST-ZIP	DALLAS, TX 75204
TITLE	TAS
NAME	SCHRANZ, JAMES E
STREET ADDRESS	3535 TRAVIS ST., STE 300
CITY-ST-ZIP	DALLAS, TX 75204
TITLE	SVP
NAME	MCADOO, WILLIAM C
STREET ADDRESS	3535 TRAVIS ST., STE 300
CITY-ST-ZIP	DALLAS, TX
TITLE	SD
NAME	STAKEM, ALAN P
STREET ADDRESS	3535 TRAVIS ST., STE 300
CITY-ST-ZIP	DALLAS, TX

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05/17/06-80091-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2006

Date

214 443 5500

Daytime Phone #