

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P18668

1. Entity Name
AUSTIN INDUSTRIAL OF TEXAS, INC.



Principal Place of Business

3535 TRAVIS ST
SUITE 300
DALLAS, TX 75204

Mailing Address

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



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1440225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 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	C
NAME	SOLOMON, WILLIAM T.
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX

TITLE	BVC
NAME	SOLOMON, CHARLES M.
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX

TITLE	VP
NAME	HILL, PAUL W.
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX

TITLE	P
NAME	GAFFORD, RONALD
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX

TITLE	V
NAME	KELLY, HENRY G.
STREET ADDRESS	8031 AIRPORT BLVD
CITY-ST-ZIP	HOUSTON, TX

TITLE	S
NAME	NELSON, ELAINE E.
STREET ADDRESS	3535 TRAVIS ST STE 300
CITY-ST-ZIP	DALLAS, TX

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05/17/06-80091-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2006 2144435515
Date Daytime Phone #