

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000709

**Entity Name:** NELSEN PARTNERS, INC.

**Current Principal Place of Business:**

905 CONGRESS AVE  
AUSTIN, TX 78701

**Current Mailing Address:**

905 CONGRESS AVE  
AUSTIN, TX 78701

**FEI Number:** 20-5819672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CPT  
Name NELSEN, BRAD  
Address 905 CONGRESS AVE  
City-State-Zip: AUSTIN TX 78701

Title VCP  
Name CRISARA, PHILIP  
Address 905 CONGRESS AVE  
City-State-Zip: AUSTIN TX 78701

Title S  
Name CRISARA, PHILIP  
Address 905 CONGRESS AVE  
City-State-Zip: AUSTIN TX 78701

Title DVP  
Name MELARA, GEORGE  
Address 15210 N SCOTTSDALE RD SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85254

Title DVP  
Name SENGER, ERSTON  
Address 15210 N SCOTTSDALE RD #300  
City-State-Zip: SCOTTSDALE AZ 85254

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRAD NELSEN

**PRESIDENT**

**02/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date