780701 04-17-08	05-102 (1-08/28) ■ <b>Tcode</b>	TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT  (To be filed by Corporations and Limited Liability Companies (LLCS))  This report MUST be filed to satisfy franchise tax requirements								
_ 13170			■ Report 20	•	Tod have containing the condition out and out,					t you.
Taxpayer name INFOMAS Mailing address 5700 S. City AUSTIN	-		SWAY, SUITI	E C315	ZIP Code   78749	Plus 4	So		ate file number Tile number	
Check box	x if there are cu	rrently no changes or	additions to the information	displayed in Se	ction A of this report. T	hen complete Sectio	ns B and C.			
Entity's principal of		a Exposa	CLINI CIITM	- 0215	311CM T11	my 707/	10	1		
Principal place of b	ousiness		SWAY, SUITI	•	·		_			
5700 S.	MOPA		SWAY, SUIT	_						
Officer, director and member information is reported as of the date a Public Information  Please sign below!  Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.										
SECTION A. Name, title and mailing address of			ress of each officer, o			Director		*3201 m n	17071245081	V
DWAN DE	T C C		147314	DED MAI	NA CED	X YES	Term expiration	"" "		y
RYAN DE		DDTIVE	City		NAGER		State	1	ZIP Code 78739	<b>.</b>
10909 M	IAELIN	DRIVE	AUS Title	TIN		Director	ТX	m n	,	y
						YES	Term expiration			
Mailing address			City			1	State	·	ZIP Code	
Name			Title			Director		, m n	n d d y	у
						YES	Term expiration			
Mailing address			City				State		ZIP Code	
		rmation required 1	or each corporation or ity company		which this reporting formation	- •	nterest of tel le number, if a	-	0%) or more. Percentage of Own	nership
Name of owned (su	ibsidiary) corpo	ration or limited liabil	ity company	State of	formation	Texas SOS fi	le number, if a	ny    F	Percentage of Owr	nership
Name of owned (pa	rent) corporatio	rmation required for or limited liability of UBLISHIN		, .	of formation	Texas SOS fi	0%) or more to number, if a 254612	ny  F	orting entity. Percentage of Owr 100.00	nership
:			(See instructions if you nee	•		'	ack box if you r	•		
Agent: RY	AN DE	ISS			City				ffice information. ZIP Code	
1			PRESSWAY ST		l			TX	787	49
	•	-	the Tax Code for each corp The information will be available.			t files a Texas Franch	ilse Tax Report	t. Use		
			attachments is true and co						is report has been	mailed to
sign here	) 	()		Title	sident	Date	7 <b>C</b>		and phone numb 892-302	
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Texas Comptroller Official Use Only										
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