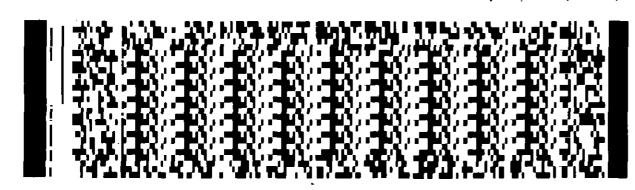
00001885746 TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT 05-102 780701 (1-08/28)04-17-08 (To be filed by Corporations and Limited Liability Companies (LLCS)) This report MUST be filed to satisfy franchise tax requirements **■** Tcode 13196 Taxpayer number ■ Report year You have certain rights under Chapter 552 and 559, Government Code: 32012500347 2008 to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide. Taxpayer name TOUCHSTONE PUBLISHING, LLC Mailing address Secretary of State file number or Comptroller file number 5700 S. MOPAC EXPRESSWAY, SUITE C315 City I ZIP Code State Plus 4 78749 0800254612 AUSTIN ΤX Check box if there are currently no changes or additions to the information displayed in Section A of this report, Then complete Sections B and C. Entity's principal office 5700 S. MOPAC EXPRESSWAY, SUITE C315, AUSTIN, TX 78749 Principal place of business 5700 S. MOPAC EXPRESSWAY, SUITE C315, AUSTIN, TX 78749 Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax Please sign below! 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 each officer, director or member. Name Director m m d d У Term YES expiration Mailing address City State ZIP Code Name Title Director m m đ Term YES expiration Mailing address **ZIP Code** City State Name Director Title Term YES expiration ZIP Code Mailing address City State **SECTION B.** Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more. Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of Ownership SHARPTRADE PARTNERS, LLC ТX 0800620709 50.00 Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of Ownership 0800470383 50.00 COMMONWEALTH VENTURES, LLC ТX **SECTION C.** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity. Name of owned (parent) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of Ownership Registered agent and registered office currently on file. (See instructions if you need to make changes) Check box if you need forms to change the Agent: RYAN DEISS registered agent or registered office information. ZIP Code State Office: 78749 5700 S MOPAC EXPRESSWAY STE C315 AUSTIN ТX The above Information is required by Section 171.203 of the Tax Code for each corporation or limited liability company 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, or member and who is not currently employed by this, or a related, corporation or limited liability company.

President

8/11/08

**Texas Comptroller Official Use Only** 





780701 04-17-08	05-102 (1-08/28) ■ <b>Tcode</b>	(To be filed by Corporations and Limited Liability Companies (LLCS))  This separt MUST be filed to setion free bigs to a requirements															
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Check box if there are currently no changes or additions to the information displayed in Section A of this report, Then complete Sections B and C.																	
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SECTION A. N	Name, title a	and mailing a	ddress of eac	h officer, dir	ector or mei	nber.		Director					00341 d d		у		
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Name				Title				Director	_	ı	m	m	d d	у	у		
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SECTION B. E. Name of owned (su INFOMAS) Name of owned (su MAIL SO	rbsidiary) corpor TERY, rbsidiary) corpor	ration or limited li LLC ration or limited li	ability company	ooration or LL	C, if any, in w State of for TX State of for TX		g entit	y owns an in Texas SOS file 08004 Texas SOS file 08005	number, 7038	If any 37 If any	ercent	Perce	or moentage of 0 . Contage of 0 . Co	f Owne 0 0 1 Owne			
SECTION C. E		-	•	oration or LL	, ,	owns an interest ( f formation		percent (10%) Texas SOS file	•		this rep		g entity entage o		rship		
Registered agent and registered office currently on file. (See instructions if you need to make changes)  Agent: RYAN DEISS  Check box if you need forms to change the registered agent or registered office information.																	
Office: 57	00 S M	OPAC E	XPRESSV	VAY STI	E C315	AUSTI	N			Sta	ite X			Code <b>874</b>	9		
Office: 5700 S MOPAC EXPRESSWAY STE C315 AUSTIN TX 78749  The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company 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.																	
each person name	d in this report v	who js an officer,	director, or memb		ot currently emp	my knowledge and b loyed by this, or a rel	ated, c	corporation or li	mited liab			this re	ort has	been n	nailed to		
sign here	) eh	<u> </u>			Title	sidurt	Di	ate 8/11/08	<u>!</u>		Area co (517	de and	phone :	number 302	2		
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