

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements



Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Tcode 13196 Franchise

Taxpayer number

3 | 2 | 0 | 0 | 7 | 6 | 0 | 8 | 5 | 4 | 3

Report year

2 | 0 | 1 | 2

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name

DEBTXS MANAGEMENT, LLC

Mailing address

7668 WARREN PKWY STE 325

City

FRISCO

State

TX

ZIP Code

75034

Plus 4

Secretary of State (SOS) file number or Comptroller file number

0800112829

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

7668 WARREN PKWY STE 325, FRISCO, TX 75034

Principal place of business

7668 WARREN PKWY STE 325, FRISCO, TX 75034

Please sign below!

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 report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3200760854312

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	State	ZIP Code
KENNETH L. TALBERT	MEMBER	<input type="radio"/> YES	m m d d y y	TX	75034
		<input type="radio"/> YES	m m d d y y		
		<input type="radio"/> YES	m m d d y y		

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

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)

Agent: C T CORPORATION SYSTEM

Blacken circle if you need forms to change the registered agent or registered office information.

Office: 350 N. ST. PAUL ST. STE 2900 City DALLAS State TX ZIP Code 75201

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.

sign here [Signature] Title Pres of CP Date 11/7/12 Area code and phone number (972) 233-3135

Texas Comptroller of Public Accounts



123463001822