

## **TEXAS SECRETARY of STATE**

### **ROLANDO B. PABLOS**

[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

#### **BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

<b>Filing Number:</b>	119655100	<b>Entity Type:</b>	Domestic For-Profit Corporation
<b>Original Date of Filing:</b>	June 20, 1991	<b>Entity Status:</b>	In existence
<b>Formation Date:</b>	N/A	<b>FEIN:</b>	
<b>Tax ID:</b>	30114731083		
<b>Duration:</b>	Perpetual		
<b>Name:</b>	INTEG CORPORATION		
<b>Address:</b>	4209 MILE 8 RD EDINBURG, TX 78541 USA		

<a href="#">REGISTERED AGENT</a>	<a href="#">FILING HISTORY</a>	<a href="#">NAMES</a>	<a href="#">MANAGEMENT</a>	<a href="#">ASSUMED NAMES</a>	<a href="#">ASSOCIATED ENTITIES</a>
<b>Name</b>		<b>Address</b>			<b>Inactive Date</b>
Godfrey Garza Jr		4209 Mile 8 Road Edinburg, TX 78541 USA			



#### Instructions:

- To place an order for additional information about a filing press the 'Order' button.

# TEXAS SECRETARY of STATE

## ROLANDO B. PABLOS

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 EDINBURG, TX 78541 USA

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View Image	Document Number	Filing Type	Filing Date	Effective Date	Eff. Cond	Page Count	
	6231516	Articles Of Incorporation	June 20, 1991	June 20, 1991	No	3	
N/A	6231517	Tax Forfeiture	August 17, 1993	August 17, 1993	No	N/A	
	6231518	Application For Reinstatement	October 12, 1995	October 12, 1995	No	2	
	16340105470	Tax Forfeiture	August 30, 2002	August 30, 2002	No	1	
	17842370002	Reinstatement	October 4, 2002	October 4, 2002	No	1	
	27329330001	Public Information Report (PIR)	December 31, 2002	February 19, 2003	No	1	
	56436580001	Public Information Report (PIR)	December 31, 2003	March 23, 2004	No	1	
	80287800001	Public Information Report (PIR)	December 31, 2004	January 21, 2005	No	1	
	124060430001	Public Information Report (PIR)	December 31, 2005	April 6, 2006	No	1	
	153068970001	Public Information Report (PIR)	December 31, 2006	December 5, 2006	No	1	
	322718040001	Public Information Report (PIR)	December 31, 2009	August 23, 2010	No	1	
	338948840001	Public Information Report (PIR)	December 31, 2010	November 5, 2010	No	1	
	381091390001	Public Information Report (PIR)	December 31, 2011	August 4, 2011	No	1	
	437855060001	Public Information Report (PIR)	December 31, 2012	August 18, 2012	No	1	
	497600520001	Public Information Report (PIR)	December 31, 2013	August 24, 2013	No	1	
	558157750001	Public Information Report (PIR)	December 31, 2014	August 2, 2014	No	1	
	632811740001	Public Information Report (PIR)	December 31, 2015	September 29, 2015	No	1	
	735808690001	Public Information Report (PIR)	December 31, 2016	May 9, 2017	No	1	
	758441140004	Change of Registered Agent/Office	August 23, 2017	August 23, 2017	No	2	
	772632260001	Public Information Report (PIR)	December 31, 2017	November 9, 2017	No	1	



#### Instructions:

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## **TEXAS SECRETARY of STATE** **ROLANDO B. PABLOS**

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### BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

**Filing Number:** 119655100      **Entity Type:** Domestic For-Profit Corporation  
**Original Date of Filing:** June 20, 1991      **Entity Status:** In existence  
**Formation Date:** N/A  
**Tax ID:** 30114731083      **FEIN:**  
**Duration:** Perpetual  
  
**Name:** INTEG CORPORATION  
**Address:** 4209 MILE 8 RD  
 EDINBURG, TX 78541 USA

<a href="#">REGISTERED AGENT</a>	<a href="#">FILING HISTORY</a>	<a href="#">NAMES</a>	<a href="#">MANAGEMENT</a>	<a href="#">ASSUMED NAMES</a>	<a href="#">ASSOCIATED ENTITIES</a>
<b>Name</b>	<b>Name Status</b>	<b>Name Type</b>	<b>Name Inactive Date</b>	<b>Consent Filing #</b>	
INTEG CORPORATION	Inactive	Legal	August 30, 2002		
INTEG CORPORATION	In use	Legal			0



#### Instructions:

- To place an order for additional information about a filing press the 'Order' button.

## **TEXAS SECRETARY of STATE**

### **ROLANDO B. PABLOS**

[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

#### **BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

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**Formation Date:** N/A  
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**Duration:** Perpetual  
  
**Name:** INTEG CORPORATION  
**Address:** 4209 MILE 8 RD  
 EDINBURG, TX 78541 USA

<a href="#">REGISTERED AGENT</a>	<a href="#">FILING HISTORY</a>	<a href="#">NAMES</a>	<a href="#">MANAGEMENT</a>	<a href="#">ASSUMED NAMES</a>	<a href="#">ASSOCIATED ENTITIES</a>
<b>Last Update</b>	<b>Name</b>	<b>Title</b>	<b>Address</b>		
September 29, 2015	GODFREY GARZA	PRESIDENT	4209 MILE 8 ROAD EDINBURG, TX 78541 USA		
September 29, 2015	GODFREY GARZA	DIRECTOR	4209 MILE 8 ROAD EDINBURG, TX 78541 USA		



#### Instructions:

- To place an order for additional information about a filing press the 'Order' button.

ARTICLES OF INCORPORATION  
OF  
INTEG CORPORATION

FILED  
In the Office of the  
Secretary of State of Texas  
JUN 20 1991  
Corporations Section

The undersigned natural person of the age of eighteen years or more acting as incorporator of a corporation under the Texas Business Corporation Act, hereby adopts the following Articles of Incorporation for the corporation.

ARTICLE ONE

The name of the corporation is INTEG CORPORATION.

ARTICLE TWO

The period of its duration is perpetual.

ARTICLE THREE

The purpose for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Texas Business Corporation Act.

ARTICLE FOUR

The aggregate number of shares that the corporation shall have authority to issue is 100,000 shares of the par value of \$1.00 each.

ARTICLE FIVE

The corporation will not commence business until it has received for the issuance of its shares consideration of the value of one thousand dollars consisting of money, labor done, or property actually received.

**ARTICLE SIX**

The street address of its initial registered office is:

9120 N. 23rd Street  
McAllen, Texas 78504

and the name of its initial registered agent at that address is: Godfrey Garza, Jr.

**ARTICLE SEVEN**

The names and addresses of the persons who will serve as Directors until its first annual meeting of the shareholders or until their successors are elected and qualified are:

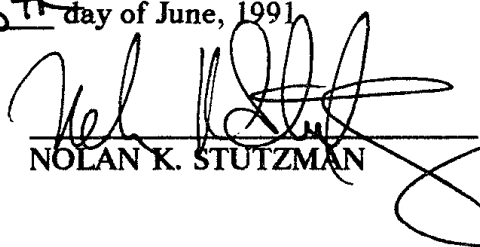
<u>Name</u>	<u>Address:</u>
Godfrey Garza, Jr.	2024 Hawk Avenue McAllen, Texas 78504
Jesus A. Garza	3009 Fir McAllen, Texas 78501

**ARTICLE EIGHT**

The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
Nolan K. Stutzman	One Texas Commerce Center Suite 1102 McAllen, Texas 78501

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this the 5<sup>th</sup> day of June, 1991.

  
 \_\_\_\_\_  
 NOLAN K. STUTZMAN

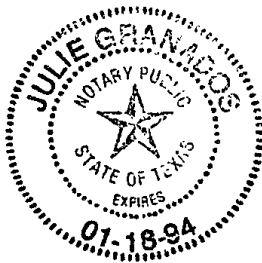
VERIFICATION

STATE OF TEXAS §

COUNTY OF HIDALGO §

BEFORE ME, a Notary Public, on this day personally appeared NOLAN K. STUTZMAN, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements contained therein are to his personal knowledge and true and correct.

Given under my hand and seal of office this <sup>4th</sup> 5 day of June, 1991.



*Julie Granados*  
\_\_\_\_\_  
Notary Public, State of Texas

# APPLICATION FOR REINSTATEMENT AND REQUEST TO SET ASIDE REVOCATION OR FORFEITURE

FILED  
In the Office of the  
Secretary of State of Texas  
OCT 12 1995  
Corporations Section

Name of organization INTEG CORPORATION

File No. 11965514

Taxpayer Id. No. 3-01-1473108-3

WHEREAS, the organization named above was forfeited or the certificate of authority of the organization revoked on August 17, 1993 for:

(check one)

- 1.  failure to maintain a registered agent, or
- 2.  failure to pay state franchise tax, or
- 3.  (other)

WHEREAS, the organization has corrected the default noted above and has paid all fees, taxes, and penalties due;

NOW THEREFORE, the organization hereby applies for reinstatement of its articles or certificate of authority, and requests that the secretary of state set aside the forfeiture or revocation of its articles or certificate of authority.

By: [Signature] Pres  
(signature) (title)

*Franchise taxes are paid thru 05/15/96*  
**INSTRUCTIONS FOR FILING APPLICATION FOR REINSTATEMENT**

- 1. **CORPORATIONS** - An application for reinstatement by a corporation forfeited for failure to pay state franchise tax must be signed by an officer, director or shareholder of the corporation. All other applications must be signed by an officer or director of the corporation. **LIMITED LIABILITY COMPANIES** - An application for reinstatement for a limited liability company must be signed by a manager or member of the limited liability company.

Prior to signing, please read the statements on this form carefully. A person commits an offense under the Texas Business Corporation Act, the Texas Limited Liability Company Act or the Texas Non-Profit Corporation Act if the person signs a document the person knows is false in any material respect with the intent that the document be delivered to the secretary of state for filing. The offense is a Class A misdemeanor.

- 2. Submit two copies of the application.
- 3. The filing fee for an application for reinstatement of a corporation following a tax forfeiture is \$75.00. The filing fee for reinstatement of a corporation following a non-tax forfeiture is \$50.00. The filing fee for a Texas limited liability company is \$10.00. The filing fee for a foreign limited liability company is \$50.00.

Non-profit corporations are assessed a filing fee of \$25.00 for non-tax reinstatements. No fee is required for non-profit corporations forfeited for tax reasons.

95 27 79 79



4. **TAX FORFEITURES** - If the organization was forfeited for failure to pay state franchise tax, the completed application and filing fee should be returned to the Comptroller of Public Accounts, Account Maintenance Division, Austin, Texas 78774-0100.

The comptroller will certify that all franchise taxes have been paid and then forward the documents to the secretary of state for filing. The reinstatement cannot be filed by the secretary of state until received from the comptroller with certification. For information on tax status, contact the comptroller at (800) 252-1381 or (512) 463-4600. TDD: (800) 248-4099 or (512) 463-4621.

5. **NON-TAX FORFEITURES** - Organizations forfeited or revoked for non-tax reasons should forward the reinstatement and filing fee directly to:

Secretary of State  
Statutory Filings Division  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

Organizations involuntarily dissolved or revoked for non-tax reasons may be reinstated within twelve (12) months from the date of such dissolution or revocation upon approval of the application of reinstatement by the secretary of state.

6. **ORGANIZATION NAME** - Before filing an application for reinstatement, the secretary of state must determine that the organization name is available. For a preliminary opinion on availability, you may call (512) 463-5555. This is only a preliminary clearance. The final decision on the name will be made when the document is submitted for filing.

Reinstatement shall not be authorized if the organization name is not available because of a conflict with the name of a corporation, limited partnership, or limited liability company on file, reserved, or registered, unless the organization being reinstated simultaneously amends its articles of organization to change its name.

If the name is currently available, you may wish to submit a name reservation. This will allow time for you to prepare all documentation necessary for reinstatement and for the secretary of state to receive any tax certification required before reinstatement. You may reserve an organization name for a period of 120 days by submitting to the secretary of state a signed written application, setting forth the name to be reserved, with the appropriate filing fee. The filing fee for a reservation for a corporation is \$40.00; the filing fee for a reservation for a limited liability company is \$25.00. The name reservation application should be sent directly to the secretary of state.

7. A reinstatement is not effective until filed with the secretary of state. The effective date of filing will be the date that the completed application, appropriate attachments, and fees are received by the secretary of state, provided that all statutory requirements have been satisfied and the organization name is available.



**Forfeiture pursuant to Section 171.309 of the Texas Tax Code  
of  
INTEG CORPORATION**

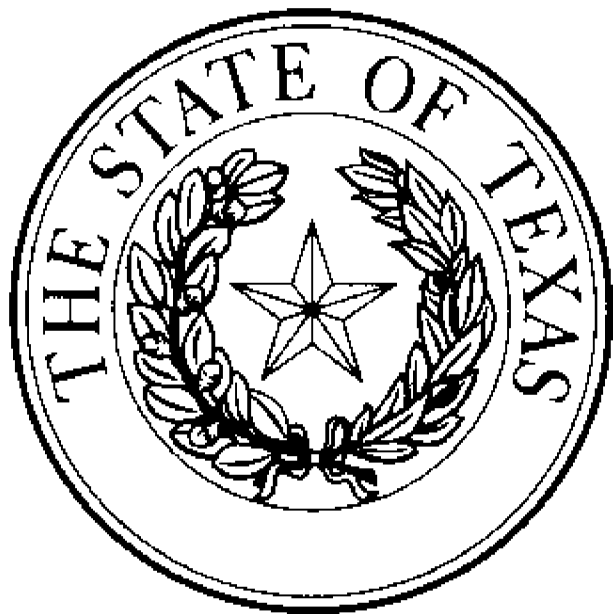
File Number : 119655100

Certificate / Charter forfeited : August 30, 2002

The Secretary of State hereby determines and finds the following:

1. The Secretary of State received certification from the Comptroller of Public Accounts under Section 171.302 of the Texas Tax Code that there are grounds for forfeiture of the charter or certificate of authority of the referenced entity.
2. That the entity has not revived its forfeited corporate privileges within 120 days after the date that the corporation privileges were forfeited.
3. The Comptroller of Public Accounts has determined that the entity does not have assets from which a judgment for any tax, penalty, or court costs imposed under Chapter 171 of the Code may be satisfied.

It is therefore ordered that charter or certificate of authority of the referenced entity be forfeited without judicial ascertainment and that the proper entry be made upon the permanent files and records of such entity to show such forfeiture as of the date hereof.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
In the Office of the  
Secretary of State of Texas

OCT 04 2002

Corporations Section

**APPLICATION FOR REINSTATEMENT AND  
REQUEST TO SET ASIDE REVOCATION OR FORFEITURE**

Name of entity: Integ Corporation  
File No.: 119655100 Taxpayer ID No.: 30114731083

1. The entity named above was forfeited or its certificate of authority was revoked on  
8-30-02 for the following reason:

(date)

(check one)

- (a) failure to maintain a registered agent;  
 (b) failure to file a franchise tax return and/or pay state franchise tax;  
 (c) other:
2. The entity has corrected the default and has paid all fees, taxes, and penalties due.
3. The entity applies for reinstatement and requests that the secretary of state set aside the forfeiture or the revocation of its certificate of authority.

By Godfrey Garza III  
(signature)  
Pres.  
(title)

**INSTRUCTIONS FOR FILING APPLICATION FOR REINSTATEMENT**

**1. SIGNATURE:**

**CORPORATIONS** - An application for reinstatement by a corporation forfeited for failure to file a franchise tax return and/or pay state franchise taxes must be signed by an officer, director or shareholder of the corporation. All other applications must be signed by an officer or director of the corporation.

**LIMITED LIABILITY COMPANIES** - An application for reinstatement by a limited liability company must be signed by a manager or member of the limited liability company.

**2. FEES:**

Business Corporation or Foreign Limited Liability Company under 1(a) or (c)	\$50.00
Texas Limited Liability Company under 1(a) or (c)	\$10.00
Non-Profit Corporation under 1(a) or (c)	\$25.00
Business Corporation or Texas or Foreign Limited Liability Company under 1(b)	\$75.00
Non-Profit Corporation under 1(b)	No Fee

a T Code ■ 13196

Do not write in the space above

**Texas Franchise Tax  
Public Information Report**

Must be filed with your Corporation Franchise Tax Report

c Taxpayer identification number ■ 30114731083	d Report year ■ 2002
---------------------------------------------------	-------------------------

Corporation name and address

INTEG CORPORATION  
RT. 13, BOX 715  
EDINBURG TX 78591

APEX 9263  
11/15/02

e PIR / IND ■ / / 1, 2, 3, 4

Secretary of State file number or, if none,  
Comptroller unchartered number

Item k on Franchise Tax Report form,  
page 1 g ■ 0119655140

The following information must be provided for the Secretary of State (SOS) by each corporation that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

'Section A' must be complete and accurate.

Please sign below!

If preprinted information is not correct, please type or print the correct information.

Check here if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's Principal Office  
RT. 13, BOX 715 EDINBURG, TEXAS 78539

Principal Place of Business  
RT. 13, BOX 715 EDINBURG, TEXAS 78539

**Section A** Name, title and mailing address of each officer and director. Use additional sheets, if necessary.

Name	Title	Director	Social Security Number (optional)
GODFREY GARZA, III Jr.	PRESIDENT	<input checked="" type="checkbox"/> Yes	
Mailing Address			Expiration Date (mm-dd-yyyy)
RT. 13, BOX 715 EDINBURG TX 78539			
		<input type="checkbox"/> Yes	
Mailing Address			Expiration Date (mm-dd-yyyy)
		<input type="checkbox"/> Yes	
Mailing Address			Expiration Date (mm-dd-yyyy)
		<input type="checkbox"/> Yes	
Mailing Address			Expiration Date (mm-dd-yyyy)
		<input type="checkbox"/> Yes	
Mailing Address			Expiration Date (mm-dd-yyyy)

**Section B** List each corporation in which this reporting corporation owns an interest of ten percent (10%) or more. Enter the information requested for each corporation. If none, enter 'None.' Use additional sheets if necessary.

Name of Owned (subsidiary) Corporation	State of Incorporation	Texas SOS File Number	Percentage Interest
None			

**Section C** List each corporation that owns an interest of ten percent (10%) or more in this reporting corporation. Enter the information requested for each corporation. If none, enter 'None.' Use additional sheets, if necessary.

TXCA0601 12/04/01

Name of Owning (parent) Corporation	State of Incorporation	Texas SOS File Number	Percentage Interest
None			

Registered Agent and Registered Office Currently on File (Changes must be filed separately with the Secretary of State)

Agent: GODFREY GARZA, III Jr.  
Office: 9120 N. 23RD ST.,  
McALLEN TX 78504

Check here if you need forms to change this information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or a related corporation.

sign here Officer, Director, or Other Authorized Person Title Date Daytime Phone (area code and number)

Godfrey Garza Jr. Pres. 11-15-02 (956) 380-1224 IN

Do not write in the space above

**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report  
Corporation name and address

c. Taxpayer identification number 30114731083	d. Report year 2003
--------------------------------------------------	------------------------

INTEG CORPORATION  
ROUTE 13, BOX 715  
EDINBURG TX 78539

JMON 4-8 9261  
2H11/2-10-03

e. PIR / IND ■  1, 2, 3, 4

Secretary of State file number or, if none, Comptroller number	
Item k on Franchise Tax Report form, Page 1	g. ■ 0119655140

The following information MUST be provided for the Secretary of State (S.O.S.) by each corporation that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

"SECTION A" MUST BE COMPLETE AND ACCURATE.

If preprinted information is not correct, please type or print the correct information.

Check here if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office

Principal place of business

**SECTION A. Name, title and mailing address of each officer and director. Use additional sheets, if necessary.**

<b>NAME</b> GODFREY GARZA, II JR.	<b>TITLE</b> PRESIDENT	<b>DIRECTOR</b> <input checked="" type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS</b> RT. 13, BOX 715 EDINBURG TX 78539			<b>Expiration date (mm-dd-yy)</b>
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS</b>			<b>Expiration date (mm-dd-yy)</b>
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS</b>			<b>Expiration date (mm-dd-yy)</b>
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS</b>			<b>Expiration date (mm-dd-yy)</b>
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS</b>			<b>Expiration date (mm-dd-yy)</b>

**SECTION B. List each corporation in which this reporting corporation owns an interest of ten percent (10%) or more.**

Enter the information requested for each corporation. If none, enter "NONE." Use additional sheets if necessary.

Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage Interest
Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage Interest

**SECTION C. List each corporation that owns an interest of ten percent (10%) or more in this reporting corporation.**

Enter the information requested for each corporation. If none, enter "NONE." Use additional sheets, if necessary.

Name of owning (parent) corporation NONE	State of incorporation	Texas S.O.S. file number	Percentage Interest
---------------------------------------------	------------------------	--------------------------	---------------------

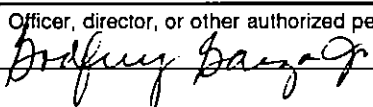
Registered agent and registered office currently on file. (Changes must be filed separately with the Secretary of State.)

Agent: GODFREY GARZA, III JR.  
Office: 9120 NORTH 23rd STREET  
McALLEN TX 78504

Check here if you need forms to change this information.

2TX51021 TAX\$IMPLE

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or a related corporation.

<b>sign here</b> 	Officer, director, or other authorized person	<b>Title</b> PRESIDENT	<b>Date</b> 12-4-03	<b>Daytime phone (Area code &amp; no.)</b>
------------------------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------	------------------------	--------------------------------------------

a. T Code  13196 Franchise  16196 Bank

Do not write in the space above

**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number 30114731083	d. Report year 2004
--------------------------------------------------	------------------------

Corporation name and address

INTEG CORPORATION  
ROUTE 13, BOX 715  
EDINBURG TX 78539

Secretary of State file number or, if none, Comptroller unchartered number	
Item k on Franchise Tax Report form, Page 1	g. 0119655140

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

If the preprinted information is not correct, please type or print the correct information.

Blacken this box completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office

Principal place of business

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

<b>NAME</b> GODFREY GARZA, JR	<b>TITLE</b> PRESIDENT	<b>DIRECTOR</b> <input checked="" type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS:</b> RT. 13, BOX 715 EDINBURG TX 78539			Term expiration (mm-dd-yy)
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS:</b>			Term expiration (mm-dd-yy)
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS:</b>			Term expiration (mm-dd-yy)
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS:</b>			Term expiration (mm-dd-yy)
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	<b>Social Security No. (Optional)</b>
<b>MAILING ADDRESS:</b>			Term expiration (mm-dd-yy)

**SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.**

Name of owned (subsidiary) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest

**SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.**

Name of owning (parent) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
---------------------------------------------	------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)  
Agent: GODFREY GARZA, JR  
Office: 9120 NORTH 23rd STREET  
McALLEN TX 78504

Blacken this box if you need forms to change this information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation.

<b>sign here</b> Godfrey Garza Jr.	Officer, director, or other authorized person Title PRESIDENT	Date 7-16-04	Daytime phone (Area code & no.)
---------------------------------------	---------------------------------------------------------------------	-----------------	---------------------------------

05-102  
(Rev. 1-05/24)  
a. T Code

1396

3333

b.

**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

Corporation name and address

INTEG CORPORATION  
ROUTE 13, BOX 715  
EDINBURG TX 78539

05280940784-0003  
c. Taxpayer identification number  
30114731083  
74-2616675  
d. Report year  
2005

e. PIR / IND  1  4

Secretary of State file number or,  
if none, Comptroller unchartered number  
Item k on Franchise Tax Report, Form 05-142  
9.   
0119655140

If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

Blacken this box completely if there are currently no changes to the information preprinted in Sections A of this report. Then, complete Sections B and C.

Officer and director 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 and directors change throughout the year.

Corporation's principal office  
Principal place of business

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

<b>NAME</b> GODFREY GARZA, JR	<b>TITLE</b> PRESIDENT	<b>DIRECTOR</b> <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
<b>MAILING ADDRESS</b> RT. 13, BOX 715 EDINBURG TX 78539			
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
<b>MAILING ADDRESS</b>			
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
<b>MAILING ADDRESS</b>			
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
<b>MAILING ADDRESS</b>			
<b>NAME</b>	<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
<b>MAILING ADDRESS</b>			

**SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.**

Name of owned (subsidiary) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest

**SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.**

Name of owning (parent) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
---------------------------------------------	------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)  
Agent: GODFREY GARZA, JR.  
Office: 9120 NORTH 23RD STREET  
McALLEN TX 78504

Blacken this box if you need forms to change this information. Changes can also be made on-line at <http://www.sos.state.tx.us/corp/sosda/index.shtml>

4TX51021 Copyright TAX\$IMPLE

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 or director and who is not currently employed by this corporation or limited liability company or a related corporation.

<b>sign here</b> <input type="checkbox"/> Officer, director, or other authorized person Godfrey Garza Jr	<b>Title</b> Pres	<b>Date</b> 7-15-05	<b>Daytime phone (Area code &amp; no.)</b>
-------------------------------------------------------------------------------------------------------------	----------------------	------------------------	--------------------------------------------

a. T Code ■

This report MUST be filed to satisfy franchise tax requirements

Do not write in the space above

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number 74-2616675 30114731083	d. Report year 2006
----------------------------------------------------------------	------------------------

Corporation name and address

INTEG CORPORATION  
ROUTE 13, BOX 715  
EDINBURG TX 78539

e. PIR / IND 1 4	Secretary of State file number or, if none, Comptroller unchartered number
Item k on Franchise Tax Report, Form 05-142	g. ■ 0119655140

If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.



\*74261667506\*

Please sign below! Officer and director 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 and directors change throughout the year.

Blacken this box completely if there are currently no changes to the information preprinted in Sections A of this report. Then, complete Sections B and C.

Corporation's principal office

Principal place of business

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

NAME GODFREY GARZA, JR.	TITLE PRESIDENT	DIRECTOR <input checked="" type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS RT. 13, BOX 715 EDINBURG TX 78539			
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS			
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS			
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS			
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Term expiration (mm-dd-yyyy)
MAILING ADDRESS			

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation NONE	State of incorporation	Texas SOS file number	Percentage Interest
---------------------------------------------	------------------------	-----------------------	---------------------

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: GODFREY GARZA, JR.  
Office: 9120 NORTH 23RD STREET  
MCALLEN TX 78504

Blacken this box if you need forms to change this information. Changes can also be made on-line at <http://www.sos.state.tx.us/corp/sosda/index.shtml>

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 or director and who is not currently employed by this corporation or limited liability company or a related corporation.

sign here	Officer, director or other authorized person <i>Godfrey Garza Jr</i>	Title Pres	Date 9-14-06	Daytime phone (Area code & no.)
-----------	-------------------------------------------------------------------------	---------------	-----------------	---------------------------------





05-102  
(Rev. 1-08/28)  
Tcode 13196

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

Taxpayer number: 30114731083 | Report year: 2009

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name  
INTEG CORPORATION

Mailing address  
RT 13, BOX 715

City  
EDINBURG

State  
TX

ZIP Code  
78541

Plus 4

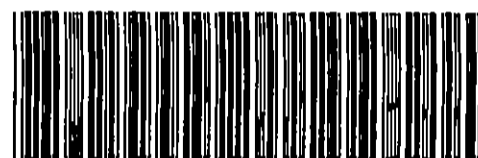
Secretary of State file number or  
Comptroller file number

0119655100

Blacken circle 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

Principal place of business



3011473108309

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.

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

Table with columns: Name, Title, Director (YES/NO), Term expiration (m, m, d, d, y, y), State, ZIP code. Includes GODFREY GARZA as President.

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.

Table with columns: 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 ten percent (10%) or more in this reporting entity or limited liability company.

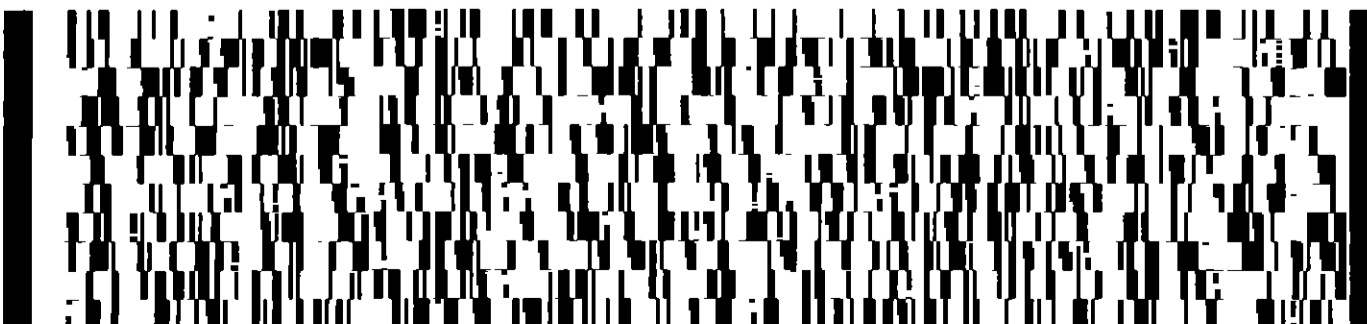
Table with columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Includes GODFREY GARZA, JR as Agent.

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.

Signature line with fields for Title (PRESIDENT), Date (6-11-09), and Area code and phone number.

Texas Comptroller's Office Use Only



VE/DE | PIR IND |



0916622015009

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller of Public Accounts FORM 05-102 (9-09/29) Tcode 13196

To be filed by Corporations, Limited Liability Companies (LLC) and Financial institutions This report MUST be signed and filed to satisfy franchise tax requirements

101343209644

Taxpayer number 30114731083 Report year 2010 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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name INTEG CORPORATION

Mailing address RT 13, BOX 715

City EDINBURG

State TX

ZIP Code 78541

Plus 4

Secretary of State file number or Comptroller file number

0119655100

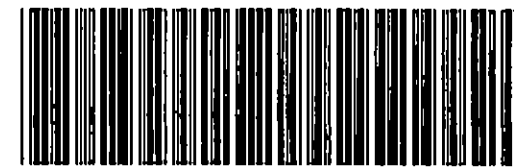
Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

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.



3011473108310

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

Table with 4 columns: Name, Title, Director (YES/NO), Term expiration (m, m, d, d, y, y). Includes GODFREY GARZA as President.

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

Table with 4 columns: 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 ten percent (10%) or more in this entity or limited liability company.

Table with 4 columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Includes GODFREY GARZA Jr. as agent.

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: GODFREY GARZA Jr., Title: PRESIDENT, Date: 5-12-10, Area code and phone number: ( ) -



VE/DE PIR IND



TX2011

Ver. 2.1

05-102

(9-09/29)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

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

Taxpayer number

30114731083

Report year

2011

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: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

INTEG CORPORATION

Mailing address

4209 MILE 8 ROAD

City

EDINBURG

State

TX

ZIP Code

78541

Plus 4

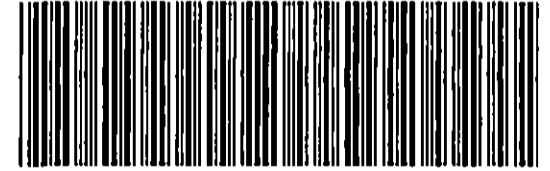
Secretary of State file number or Comptroller file number

0119655100

Check box 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

Principal place of business



3011473108311

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.

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

Table with 4 columns: Name, Title, Director (YES/NO), Term expiration (m m d d y y). Includes GODFREY GARZA as President.

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

Table with 4 columns: 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 ten percent (10%) or more in this entity or limited liability company.

Table with 4 columns: 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: GODFREY GARZA Jr

Check box if you need forms to change the registered agent or registered office information

Office: 4209 MILE 8 ROAD

City EDINBURG

State TX

ZIP Code 78541

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

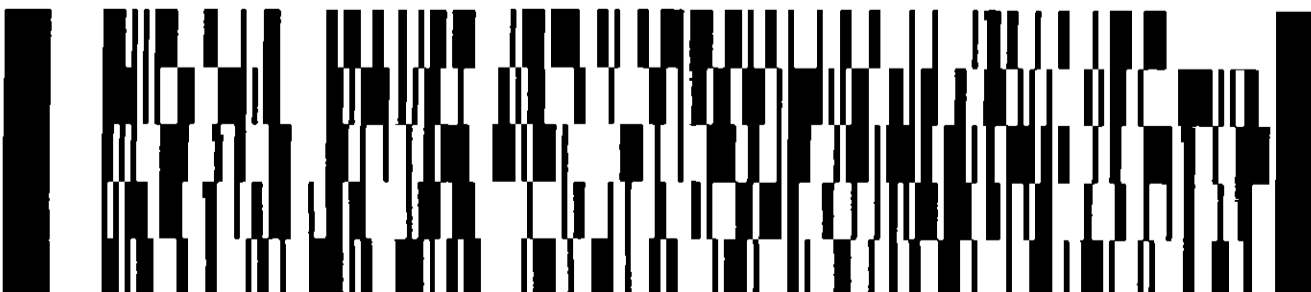
Signature of Godfrey Garza Jr.

Title PRESIDENT

Date 4-29-11

Area code and phone number

Texas Comptroller Official Use Only



VE/DE [ ] PIR IND [ ]



111253207248

TX2012

Ver. 3.0 05-102 (Rev.9-11/30)

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

Tcode 13196

Taxpayer number

30114731083

Report year

2012

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 INTEG CORPORATION Mailing address 4209 MILE 8 ROAD

City EDINBURG

State TX

ZIP Code 78541

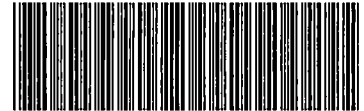
Plus 4

Secretary of State (SOS) file number or Comptroller file number 0119655100

Check box 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

Principal place of business



3011473108312

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.

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

Table with columns for Name, Title, Director (YES/NO), Term expiration (m m d d y y), State, and ZIP Code. Includes entry for GODFREY GARZA, PRESIDENT.

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.

Table with columns for Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, and 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.

Table with columns for Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, and Percentage of ownership.

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: GODFREY GARZA

Office: 4209 MILE 8 ROAD

City EDINBURG

State TX

ZIP Code 78541

Check box if you need forms to change the registered agent or registered office information.

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

Handwritten signature of Godfrey Garza

Title PRESIDENT

Date 5-15-17

Area code and phone number

Texas Comptroller Official Use Only



VE/DE O PIR IND O



131073206324

TX2013

Ver. 4.0

05-102

(Rev.9-11/30)

Tcode 13196

### 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

Taxpayer number

Report year

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.

30114731083

2013

Taxpayer name INTEG CORPORATION				Secretary of State (SOS) file number or Comptroller file number	
Mailing address 4209 MILE 8 ROAD					
City EDINBURG	State TX	ZIP Code 78541	Plus 4	0119655100	

Check box 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

Principal place of business



3011473108313

#### 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.

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

Name GODFREY GARZA	Title PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 4209 MILE 8 ROAD	City EDINBURG	State TX	ZIP Code 78541
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

#### 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 NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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 NONE	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: GODFREY GARZA

Check box if you need forms to change the registered agent or registered office information.

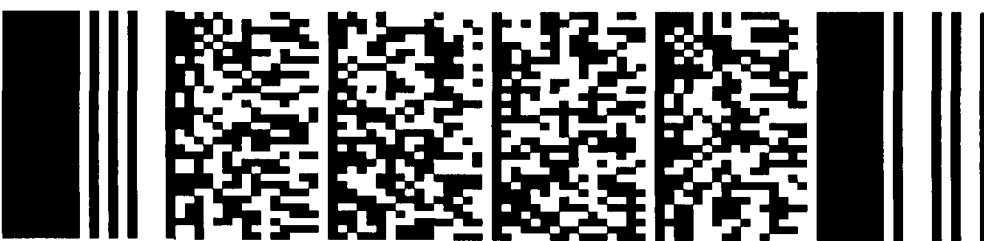
Office: 4209 MILE 8 ROAD	City EDINBURG	State TX	ZIP Code 78541
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The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for 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	<i>Godfrey Garza Jr</i>	Title <i>Pres</i>	Date <i>4-9-13</i>	Area code and phone number ( ) -
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#### Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TX2014 05-102  
Ver. 5.0 (Rev.9-13/32)

# 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

140903010083

Tcode 13196

Taxpayer number

Report year

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 1-800-252-1381.

30114731083		2014	
Taxpayer name INTEG CORPORATION			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address 4209 MILE 8 ROAD			Secretary of State (SOS) file number or Comptroller file number
City EDINBURG	State TX	ZIP Code 78541	Plus 4 0119655100

Check box 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
Principal place of business



3011473108314

**Please sign below!** Officer, director and manager 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 managers change throughout the year.

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

Name GODFREY GARZA	Title PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 4209 MILE 8 ROAD	City EDINBURG	State TX	ZIP Code 78541
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

### 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 NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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 NONE	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)			<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.
Agent: GODFREY GARZA			
Office: 4209 MILE 8 ROAD	City EDINBURG	State TX	ZIP Code 78541

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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here) <i>Godfrey Garza Jr</i>	Title Pres	Date 3-21-14	Area code and phone number ( ) -
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### Texas Comptroller Official Use Only



VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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TX2015 05-102  
Ver. 6.0 (Rev.9-13/32)

# 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

■ Tcode 13196

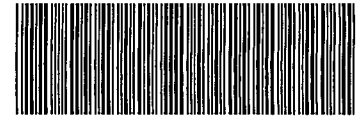
■ Taxpayer number **30114731083** ■ Report year **2015**

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 1-800-252-1381.

Taxpayer name **INTEG CORPORATION**  Check box if the mailing address has changed.  
Mailing address **4209 MILE 8 ROAD** Secretary of State (SOS) file number or Comptroller file number  
City **EDINBURG** State **TX** ZIP Code **78541** Plus 4 **0119655100**

Check box 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  
Principal place of business



3011473108315

**Please sign below!** Officer, director and manager 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 managers change throughout the year.

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

Name <b>GODFREY GARZA</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address <b>4209 MILE 8 ROAD</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>
Name	Title	Director <input type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address	City	State	ZIP Code

### 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 <b>NONE</b>	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company <b>NONE</b>	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 <b>NONE</b>	State of formation	Texas SOS file number, if any	Percentage of ownership
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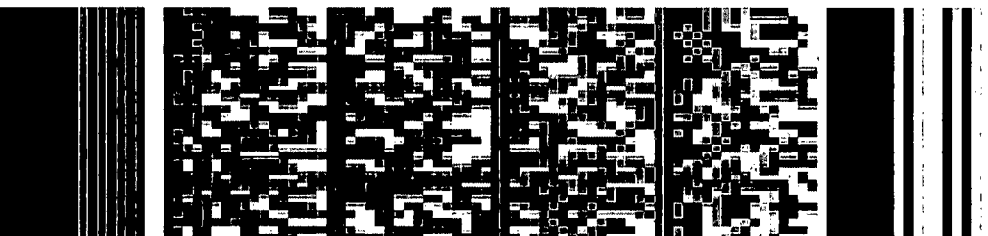
Registered agent and registered office currently on file (see instructions if you need to make changes)  
Agent: **GODFREY GARZA**  Check box if you need forms to change the registered agent or registered office information.  
Office: **4209 MILE 8 ROAD** City **EDINBURG** State **TX** ZIP Code **78541**

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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title **Pres.** Date **8/25/15** Area code and phone number ( ) -

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**Texas Franchise Tax Public Information Report**

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05-102  
(Rev.9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

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2 0 1 6

Taxpayer name <b>INTEG CORPORATION</b>				Secretary of State (SOS) file number or Comptroller file number <b>0119655100</b>			
Mailing address <b>4209 MILE 8 RD</b>							
City <b>EDINBURG</b>		State <b>TX</b>		ZIP Code <b>78541</b>		Plus 4	

● 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
Principal place of business

*Please sign below!*

Officer, director and manager 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 managers change throughout the year.



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

3011473108316

Name <b>GODFREY GARZA</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4209 MILE 8 ROAD</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>
Name <b>GODFREY GARZA</b>	Title <b>PRESIDENT</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4209 MILE 8 ROAD</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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
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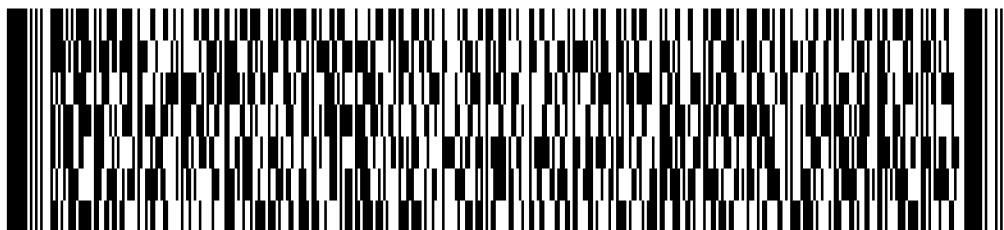
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>GODFREY GARZA JR</b>							
Office: <b>9120 N. 23RD STREET</b>		City <b>MCALLEN</b>		State <b>TX</b>		ZIP Code <b>78504</b>	

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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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

Signature <b>Tony Sanchez</b>	Title <b>Electronic</b>	Date <b>09-09-2016</b>	Area code and phone number <b>( 956 ) 618 - 1040</b>
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**Texas Comptroller Official Use Only**



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**Form 401**

Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 FAX: 512/463-5709

Filing Fee: See Instructions



**Statement of Change of  
 Registered Office/Agent**

Filed in the Office of the  
 Secretary of State of Texas  
 Filing #: 119655100 08/23/2017  
 Document #: 758441140004  
 Image Generated Electronically  
 for Web Filing

**Entity Information**

The name of the entity is :

**INTEG CORPORATION**

The file number issued to the entity by the secretary of state is: **119655100**

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are:

**Godfrey Garza Jr**

**9120 N. 23RD STREET, Mcallen, TX, USA 78504**

**Change to Registered Agent/Registered Office**

The following changes are made to the registered agent and/or office information of the named entity:

Registered Agent Change

A. The new registered agent is an organization by the name of:

OR

B. The new registered agent is an individual resident of the state whose name is:

Registered Office Change

C. The business address of the registered agent and the registered office address is changed to:

**4209 Mile 8 Road, Edinburg, TX, USA 78541**

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

B. The consent of the registered agent is maintained by the entity.

**Statement of Approval**

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **August 23, 2017**

**Godfrey Garza Jr.**

Signature of authorized person(s)

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■ Tcode 13196 Franchise

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City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>	Plus 4				

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3011473108317

Name <b>GODFREY GARZA</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4209 MILE 8 ROAD</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>
Name <b>GODFREY GARZA</b>	Title <b>PRESIDENT</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4209 MILE 8 ROAD</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP Code <b>78541</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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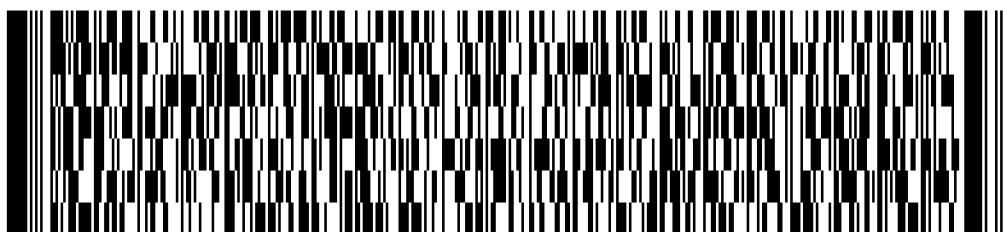
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Agent: <b>GODFREY GARZA JR</b>							
Office: <b>9120 N. 23RD STREET</b>	City <b>MCALLEN</b>	State <b>TX</b>	ZIP Code <b>78504</b>				

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sign here <b>Tony Sanchez</b>	Title <b>Electronic</b>	Date <b>08-09-2017</b>	Area code and phone number <b>( 956 ) 618 - 1040</b>
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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