TEXAS SECRETARY of STATE ROLANDO B. PABLOS

UCC | Business Organizations | Trademarks | Notary | Account | Help/Fees | Briefcase | Logout

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

FEIN:

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

Duration: Perpetual

Name: INTEG CORPORATION

Address: 4209 MILE 8 RD

EDINBURG, TX 78541 USA

REGISTERED AGENT FILING HISTORY NAMES MANAGEMENT ASSUMED NAMES ENTITIES

Name Address Inactive Date
Godfrey Garza Jr 4209 Mile 8 Road

Edinburg, TX 78541 USA

Order Return to Search

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

FEIN:

Filing Number: 119655100 Entity Type: **Domestic For-Profit Corporation**

Original Date of Filing: Entity Status: In existence June 20, 1991

Formation Date:

Tax ID: 30114731083

Duration: Perpetual

Name: INTEG CORPORATION

4209 MILE 8 RD Address:

View Document		
REGISTERED AGENT	FILING HISTORY	NAMES
	EDINBURG, TX 7	8541 USA

REGIST	TERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES		CIATED TITIES
View Image	Document Number	Filing Type		Filing Date	Effective Date	Eff. Cond	Page Count
X	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
X	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
X	56436580001	Public Information Report (PIR)		December 31, 2003	March 23, 2004	No	1
X	80287800001	Public Information Report (PIR)		December 31, 2004	January 21, 2005	No	1
X	124060430001	Public Information Report (PIR)		December 31, 2005	April 6, 2006	No	1
X	153068970001	Public Information Report (PIR)		December 31, 2006	December 5, 2006	No	1
X	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
X	497600520001	Public Information Report (PIR)		December 31, 2013	August 24, 2013	No	1
V	558157750001	Public Information Report (PIR)		December 31, 2014	August 2, 2014	No	1
X	632811740001	Public Information Report (PIR)		December 31, 2015	September 29, 2015	No	1
V	735808690001	Public Information Report (PIR)		December 31, 2016	May 9, 2017	No	1
X	758441140004	Change of Registered Agent/Office	ce	August 23, 2017	August 23, 2017	No	2
X	772632260001	Public Information Report (PIR)		December 31, 2017	November 9, 2017	No	1

Order

Return to Search

Instructions:

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TEXAS SECRETARY of STATE ROLANDO B. PABLOS

UCC | Business Organizations | Trademarks | Notary | Account | Help/Fees | Briefcase | Logout

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

FEIN:

Filing Number: 119655100 **Entity Type: Domestic For-Profit Corporation**

Original Date of Filing: Entity Status: In existence June 20, 1991

Formation Date:

Tax ID: 30114731083

Duration: Perpetual

Name: INTEG CORPORATION

4209 MILE 8 RD Address:

EDINBURG, TX 78541 USA

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

Return to Search Order

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

FEIN:

Filing Number: 119655100 **Entity Type: Domestic For-Profit Corporation**

Original Date of Filing: Entity Status: In existence June 20, 1991

Formation Date:

Tax ID: 30114731083

Duration: Perpetual

INTEG CORPORATION Name:

4209 MILE 8 RD Address:

EDINBURG, TX 78541 USA

REGISTERED AGENT	FILING HISTORY	<u>NAMES</u>	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES		
Last Update	Name	Title	Addre	ss			
September 29, 2015	GODFREY GARZA	PRESIDENT		MILE 8 ROAD BURG, TX 78541 USA			
September 29, 2015	GODFREY GARZA	DIRECTOR		4209 MILE 8 ROAD EDINBURG, TX 78541 USA			

Order Return to Search

Instructions:

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

ARTICLES OF INCORPORATION

FILED In the Office of the Secretary of State of Texas

JUN 2 0 1991

Corporations Section

OF

INTEG CORPORATION

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>	Address:
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:

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 day of June, 1991

NOLAN K. STUTZMA

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 $\frac{5}{2}$ day of June, 1991.

1 1 1 1 1 1 1 1 1 1 2

APPLICATION FOR REINSTATEMENT AND REQUEST TO SET ASIDE REVOCATION OR FORFEITURE

				Secretary of State of Texas
Name of or	ganization INTE	G CORPORATION		OCT 1 2 1995
File No	11965514	Taxpayer Id. No	3-01-14	
WHER organiz	EAS, the organization revoked onA	named above was forfeite agust 17, 1993	d or the certification.	te of Springrationship ection
(check one)			
1	_failure to maintain a	registered agent, or		
2. <u>X</u>	_failure to pay state fra	anchise tax, or		
3	_(other)			
WHEREA: penalti		corrected the default noted	l above and has	paid all fees, taxes, and
authori		ation hereby applies for rei te secretary of state set asid		s articles or certificate of or revocation of its articles or
		By:	nature)	Phes (title)
INSTR	ranchis EUCTIONS FOR	FILING APPLICA	Haid TON FOR	HARU 05/596 REINSTATEMENT

 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.

SOS - 2 (Rev 1 94/3)

95 22 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.



Gwyn Shea Secretary of State

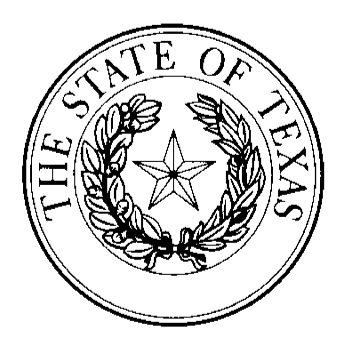
Forfeiture pursuant to Section 171.309 of the Texas Tax Code of INTEG CORPORATION

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.



Luyn 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	
Name of entity: Integ Corporation File No.: 117655100 Taxpayer ID No.: 30114731083	
1. The entity named above was forfeited or its certificate of authority was rev	oked on
(date)	
(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 penalt	ies duc.
3. The entity applies for reinstatement and requests that the secretary of state the forfeiture or the revocation of its certificate of authority.	set aside
By Deafus Duiza	<u>Gr.</u>
<u> </u>	
(fitle)	
INSTRUCTIONS FOR FILING APPLICATION FOR REINSTATEM	ENT
1. SIGNATURE: CORPORATIONS - An application for reinstatement by a corporation forfeite to file a franchise tax return and/or pay state franchise taxes must be signed to director or shareholder of the corporation. All other applications must be sofficer or director of the corporation. LIMITED LIABILITY COMPANIES - An application for reinstatement leads to the corporation.	y an officer, igned by an by a limited
liability company must be signed by a manager or member of the limited liabilit	y 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(l Non-Profit Corporation under 1(b)	-
11011-1 10116 Corporation under Y(D)	No Fee

380-1224

a T Code 🖷	13196					r	no not v	urita ir	the co	ace above	
Texas Fra	anchise Tax				c Ta	axpayer ii					year
	formation Repor	t			i .	301	1473	1083		■ 200	2
	with your Corporation Fra		ort			_					
		n name and ad				e PIR /	IND		1. 2.	3, 4	
1	CORPORATION , BOX 715		APE	6 9263		Sec				umber or, if nor tered number	nė,
EDINBU		TX	785 2911	1 (14/5/5	v	Item k o Tax Rep page 1			01	g■ 19655140	
Tax Report. 'Section A' r	g information must be pro The information will be an must be complete and ac- information is not correct	vailable for publ curate.	ecretary of State ic inspection.	(SOS) by eac	الحصب	ــــــــــــــــــــــــــــــــــــــ	nat files	a Te	as Corp	Please si	
Check he	ere if there are currently r	o changes to th	e information p	reprinted in Se	ctions	A, B, and	d C of t	this re	port.		
Corporation's Prin	cipal Office	-									
RT. 13, B		G, TEXAS	78539				_				
RT. 13, 8	30X 715 EDINBUR	G, TEXAS	78539								
Section A	Name, title and mailing			ctor. Use addi	tional s	sheets, if	necess	ary.		· · ·	
Name				Title			Dire		Social Se	curity Number (optio	nal)
GODFREY	GARZA, IFT DVI			PRE	SIDE	NT	X	Yes			_
Mailing Address									E:	xpiration Date (mm-	oki-yyyy)
RT. 13,	B0X 715	E	DINBURG		X 7	8539	_		L		
Name				Titte			Dire	ctor	Social Se	curity Number (optio	nal)
							<u> </u>	Yes_			
Mailing Address	J 	_								xpiration Date (mm-i	dd-yyyy)
Name				Title			Direc	ctor	Social Se	curity Number (optio	nai)
	.———							Yes			
Mailing Address	J								E	xpiration Date (mm-i	dd-yyyy)
Name				Title	\Box		Dire	ctor	Social Se	curity Number (optio	nal)
					· 			Yes_			
Mailing Address	J								E	xpiration Date (mm-	dd yyyyy)
Name				Titl⊕	$\overline{}$		Dire	ctor	Social Se	curily Number (optio	nal)
				<u> </u>	•		<u> </u>	Yes			
Mailing Address	J						J-A A		E:	piration Date (mm-	dd-yyyy)
Section B	List each corporation in Enter the information rec	which this repor quested for each	ting corporation corporation. It	owns an inter none, enter 'N	est of t	ten perce Use additi	nt (10% onal si	%) or r	nore. f neces:	 sary.	
`	ubsidiary) Corporation	<u> </u>		State of Inco			exas SO			Percentage Ir	nterest
None Name of Owned (so	ubsidiary) Corporation			State of Inco	rporation	_	exas SO	S File N	umber	Percentage In	nterest
Section C	List seek en en en en			<u> </u>						TXCA0601	12/04/0

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 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, JH Jr. Office: 9120 N. 23RD ST., Check here if you need forms to change this information. McALLEN TΧ 78504 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. Officer, Director, or Other Authorized Person Date Daytime Phone (area code and number) sign here ·es (956)

05-102 (Rev. 9-99/18) a. T Code ■

here

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

MUST be filed with your Corporation Franchise Tax Report

Corporation name and address

INTEG CORPORATION **ROUTE 13, BOX 715** EDINBURG TX 78539

c. Taxpayer identification number	d. Report year
■	
30114731083	2003
e. PIR / IND II (1, 2, 3, 4	
Secretary of State file none, Comptroller	
Item k on Franchise g.	

Tax Report form. 0119655140

Page 1

Do not write in the space above

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 info	rmation prepri	nted 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 necess	arv.		
NAME	TITLE			DIRECTOR	Social S	Security No. (Optional)
GODFREY GARZA, IT JR.	PRESIDE	NT	-	X YES		, , , , , , , , , , , , , , , , , , , ,
MAILING ADDRESS					E	xpiration date (mm-dd-yy)
RT. 13, BOX 715	EDINBUR	G T	CX 78	3539		
NAME	TITLE		Į.	YES	Social S	Security No. (Optional)
MAILING ADDRESS				111111	Ex	xpiration date (mm-dd-yy)
NAME	TITLE			DIRECTOR	Social S	Security No. (Optional)
<u></u>			F	YES		Control (Optionally
MAILING ADDRESS	.			<u>, , </u>	Ex	spiration date (mm-dd-yy)
NAME	TITLE		ļ	YES	Social S	Security No. (Optional)
MAILING ADDRESS	<u> </u>			11120	E>	rpiration date (mm-dd-yy)
NAME	TITLE		1	OIRECTOR YES	Social S	Security No. (Optional)
MAILING ADDRESS	<u>!</u>			1 1 1 1 2 1	Ex	xpiration date (mm-dd-yy)
SECTION B. List each corporation in which this reporting co					cessary.	
Name of owned (subsidiary) corporation		State of incorporatio	n Texas	s S.O.S. file	number	Percentage Interest
Name of owned (subsidiary) corporation		State of incorporatio	n Texas	S.O.S. file	number	Percentage Interest
SECTION C. List each corporation that owns an interest of the Enter the information requested for each corporation.	ten percent (10 oration. If none	/%) or more in this rep , enter "NONE." Use a	oorting cor additional	poration. sheets, if ne	cessary.	
Name of owning (parent) corporation		State of incorporatio	n Texas	s S.O.S. file	number	Percentage Interest
Registered agent and registered office currently on file. (Ch	anges must be	filed separately with 1	the Secret	ary of State	.)	
Agent: GODFREY GARZA, III JR.	-	•			-	
Office: 9120 NORTH 23rd STREET			ſ	Check he	re it you	need forms
Mcallen Tx	78504			to change	this info	ormation.
I declare that the information in this document and any attachments is t	2TX5102			and there can	nu of this :	ronart has been mailed to
each person named in this report who is an officer or director and who						oport has been maned to
sign \ Officer, director, or other authorized person	Title	[1	Date		Daytim	ie phone (Area code & no.)

PRESIDENT

05-102	3333	l b. ■		04202	<u>?</u> 1
(Rev. 2-03/21) a. T Code X ■ 13196 Franchise	_		Do not write in	the spac	e above
TEXAS FRANCHISE TAX		c. Tax	payer identification no	<u></u>	d. Report year
PUBLIC INFORMATION REPORT		•			
MUST be filed to satisfy franchise tax requirements		3	0114731083		2004
Corporation name and addres	is _	-	e. PIR / IND ■	1, 2, 3, 4	
INTEG CORPORATION		II.	Secretary o	f State file	e number or, chartered number
ROUTE 13, BOX 715			Item k on Franchise		g. ■ ■
EDINBURG TX 78539			Tax Report form, Page 1		55140
The following information MUST be provided for the Secreta Corporation Franchise Tax Report. Use additional sheets for	Sections A, B	and C, if necessary. T			
If the preprinted information is not correct, please type or pri				•	
X Blacken this box completely if there are currently no ch	anges to the in	nformation preprinted i	n Sections A, B, and	C of this r	report.
Corporation's principal office	-				
Principal place of business					<u> </u>
SECTION A. Name, title, and mailing address of each office	er and director.				_
NAME	TITLE			Social Se	ecurity No. (Optional)
GODFREY GARZA, JR	PRESIDE	<u> </u>	X YES		_
RT. 13, BOX 715	EDINBUR	у <u>с</u> т	X 78539	Ter	m expiration (mm-dd-yy)
NAME	TITUE	.0	DIRECTOR	Social Se	ecurity No. (Optional)
MAILING ADDRESS			YES	Ter	m expiration (mm-dd-yy)
			,		
NAME	TITLE		DIRECTOR YES	Social Se	ecurity No. (Optional)
MAILING ADDRESS				Ter	m expiration (mm-dd-yy)
NAME	TITLE		DIRECTOR	Social Se	ecurity No. (Optional)
MAILING ADDRESS		•		Ter	m expiration (mm-dd-yy)
NAME	TITLE		DIRECTOR	Social Se	ecurity No. (Optional)
MAILING ADDRESS	<u>. </u>			Terr	m expiration (mm-dd-yy)
SECTION B. List each corporation or limited liability compar of ten percent (10%) or more. Enter the inform	ny, if any, in wh	hich this reporting corp	oration or limited liab	ility comp	any owns an interest
Name of owned (subsidiary) corporation NONE		State of incorporation			Percentage Interest
Name of owned (subsidiary) corporation		State of incorporation	Texas SOS file r	number	Percentage Interest
SECTION C. List each corporation or limited liability comparts or limited liability company. Enter the information	ny, if any, that	owns an interest of ter	percent (10%) or mo	ore in this	reporting corporation
Name of owning (parent) corporation		State of incorporation	-, -	•	Percentage Interest
NONE Registered agent and registered office currently on file. (See	e instructione i	f you need to make ch	anges)		I
Agent: GODFREY GARZA, JR	o การแนบแบบรี II	i you need to make ch	anges.)		
Office: 9120 NORTH 23rd STREET			☐ Blacken ti	his box if	you need forms
MCALLEN TX	78504		to change		•
I declare that the information in this decument of	3TX51021	Copyright TAX	SIMPLE		
I declare that the information in this document and any attachments is each person named in this report who is an officer or director and who	is not currently er	mployed by this corporatio	n or limited liability comp	any or a rela	ated corporation.
sign Officer, director, or other authorized person here	Title PRESI)ate 7-16-01	Daytime	e phone (Area code & no.)

.			ber: 1196551	00
05-102 Rev. 1-05/24)	3333	b. =		
LTCode TEXAS FRANCHISE TAX		, Tay	2528894WP	ade adayony 3
PUBLIC INFORMATION REPORT		- 20	Daver Identification number	d. Report year
MUST be filed to satisfy franchise tax requirements			4-26 16 67 5	2005
Corporation name and a	address	<u> </u>	e, PIR / IND 1	4
		ا ا	Secretary of State	file number or
INTEG CORPORATION			if none, Comptroller	unchartered number
ROUTE 13, BOX 715			Item k on Franchise	g. ≡
EDINBURG TX 78539			Tax Report, 0119	655140
the preprinted information is not correct, please type	e or print the correct i	information.		
he following information MUST be provided for the Sompany that files a Texas Corporation Franchise Tax ecessary. The information will be available for public	: Report. Use additior			
Blacken this box completely if there are currently of this report. Then, complete Sections B and C.	no changes to the in	nformation preprinted in		
Corporation's principal office				ector information is the date a Public
zorporazione principal enico			l l	part is completed. The
Principal place of business				pdated annually as part e tax report. There is no
			requirement or supplementing	procedure for the information as officers
ECTION A. Name, title, and mailing address of each	n officer and director.		and directors o	hange throughout the year
AME	TOTALE			piration (mm-dd-yyyy)
GODFREY GARZA, JR	PRESIDE	INT	X YES	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS T. 13, BOX 715	EDINBUR	RG T	X 78539	
I. IS, BOX /IS	TITLE	1.	***************************************	piration (mm-dd-yyyy)
	888883		YES	contain (iiiii aa yyyy)
MAILING ADDRESS	1			
NAME	TITLE		DIRECTOR Term ex	opiration (mm-dd-yyyy)
MAILING ADDRESS	<u> </u>		111120	
NAME	\$1158E		DIRECTOR Term ex	 cpiration (mm-dd-yyyy)
	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		YES	фігалоп (ппп=дд-уууу)
MAILING ADDRESS	<u> </u>		. , , , ,	_
IAME		1-01-1	DIRECTOR Term ex	niration (mm-dd-yyyy)
M3344443	32:000.000000000000000000000000000000000		YES	p
MAILING ADDRESS				
ECTION B. List each corporation or limited liability of ten percent (10%) or more. Enter the				mpany owns an interes
Name of owned (subsidiary) corporation		State of incorporation	Texas SOS file number	Percentage Interes
Name of owned (subsidiary) corporation	_	State of incorporation	Texas SOS file number	Percentage Interes
ECTION C. List each corporation or limited liability of or limited liability company. Enter the interval of the company is a company of the c	company, if any, that formation requested t	owns an interest of ten for each corporation or	percent (10%) or more in the limited liability company.	nis reporting corporation
Name of owning (parent) corporation		State of incorporation	Texas SOS file number	Percentage Interes
Registered agent and registered office currently on fi Agent: GODFREY GARZA, JR. Office: 9120 NORTH 23RD STREE			Blacken this box if you r information. Changes ca	need forms to change this in also be made on-line at i.us/corp/sosda/index.shtm

a. T Code

This report MUST be filed to

satisfy franchise tax requirements

			Do not Mi	ite ir	ı ıne s	pace	e a	bo	ve	
	C,	Та	xpayer identificati			r		d.	Report year	
			74-26166	75					2006	
		3	0114731	0	8 <u>3</u>					
_		$\overline{}$	e, PIR / IND		1		4			
									ber or, ered number	

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT MUST be filed to satisfy franchise tax requirements

INTEG CORPORATION

ROUTE 13, BOX 715 EDINBURG TX 78539

ltem k on

Franchise Tax Report. Form 05-142

0119655140

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

Corporation name and address

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 <u>no changes</u> to the information preprinted in Sections A of this report. Then, complete Sections B and C.	
Corporation's principal office	
Principal place of business	

Please sign below! director information is reported as of the date a Public Information Report is completed. The information is undated There is no requirement or procedure for supplementing the information as officers

annually as part of the franchise tax report. SECTION A. Name, title, and mailing address of each officer and director. and directors change throughout the year. NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) PRESIDENT X YES GODFREY GARZA JR. MAILING ADDRESS RTEDINBURG 13, BOX 715 TX78539 NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) YES MAILING ADDRESS NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) YES MAILING ADDRESS DIRECTOR Term expiration (mm-dd-yyyy) NAME TITLE YES MAILING ADDRESS NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) YES 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	State of incorporation	Texas SOS file number	Percentage Interest
NONE			

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 ow	vning (parent) corporation	State of incorporation	Texas SOS file number	Percentage Interest
NONE				
Registered	agent and registered office currently on file. (See instr	uctions if you need to make chan	ges.)	
Agent;	GODFREY GARZA, JR.			
Office:	9120 NORTH 23RD STREET		Blacken this box if you nee information. Changes can a	
	McAllen TX	78504	http://www.sos.state.tx.us	

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 L	Office, director or other authorized person
here /	Grafing Dary

Ne 5

Date -01 Daytime phone (Area code & no.)

5TX51021

Copyright TAX\$IMPLE

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller 05of Public Accounts (Re

7 05-102 (Rev. 1-08/28) ■ **Tcode** 13196

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number		■ Report year	You ha	ve certain right:	s under Chapter 552 a	and 559, Government Code,
3 0 1 1 4	7 3 1 0 8	3 2 0 0 9		•		have on file about you. 81, toll free nationwide.
Taxpayer name INTEG CORPORATION						
Mailing address						State file number or
RT 13, BOX 715 City		State	ZIP Code	Plus 4	Comptroller 	ile number
EDÍNBURG		TX	78541	1	0119655100	
Blacken circle if the	re are currently no changes or	additions to the informati	on displayed in Section A	of this report.	Then complete Section	ons B and C.
Entity's principal office						
 Principal place of business 	i					
Please sign below!	Officer, director and member Report is completed. The info report. There is no requirement officers, directors, or member	ormation is updated annu ent or procedure for suppl	ally as part of the franchis ementing the informatio	se tax	30	11473108309
SECTION A Name, title Name	and mailing address of each	officer, director or memi	ber.	Director	m	m d d y y
GODFREY GARZA		PRESIDENT		YES	Term expiration	
Mailing address RT 13, BOX 715		City EDINBURG			State TX	ZIP code 78539
Name		Title		Director	m	m d d y y
				→ YES	Term expiration	
Mailing address		City	l		State	ZIP code
Name		Title	ı	Director	m	m d d y y
				YES	Term	
Mailing addross		City		0 1-1	expiration State	 ZIP code
Mailing address		City			State	Zir Code
Name		Title		Director	m Term	m d d y y
				YES	expiration	
Mailing address		City	•		State	ZIP code
	nformation required for each t (10%) or more.	corporation or LLC, if an	y, in which this reportin	g entity owns a	an interest of	1
Name of owned (subsidiar	ry) corporation or limited liabil	ity company	State of formation	Texas SOS	S file number, if any	Percentage of Ownership
NONE Name of owned (subsidiar	ry) corporation or limited liabil	lity company	 State of formation 	Texas SOS	S file number, if any	Percentage of Ownership
	nformation required for each nited liability company.	corporation or LLC, if an	y, that owns an interest	of ten percent	(10%) or more in th	is reporting
Name of owned (parent) o	corporation or limited liability of	company	State of formation	Texas SOS	S file number, if any	Percentage of Ownership
Registered agent and regi Agent: GODFREY GAR2	stered office currently on file. ZA, JR	(See instructions if you need	d to make changes)	/ \	n circle if you need fo istered agent or regi	rms to change stered office information.
Office: 9120 NORTH 23	IRD STREET		City MCALLEN		State TX	ZIP Code 78504
	aired by Section 171.203 of the Tax essary. The information will be avai		limited liability company tha	at files a Texas Fran	nchise Tax Report. Use a	dditional sheets
	in this document and any attachm I in this report who is an officer, dir					
sign here	frey Das "	Title PR		Date		ode and phone number
		<u>ii</u>	on i rave de Villes de la case de V	7.		I





TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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

T Code 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

■ Taxpayer number	■ Report	t year	You have ce	e rtain rights un	der Chapter 552	and 559, Governme	ent Code,
3 0 1 1 4 7 3 1 0 8	3 2 0	1 0		•		ve have on file about 381, toll free nations	•
Taxpayer name INTEG CORPORATION							
Mailing address RT 13, BOX 715					1	of State file numbe ler file number	ror
	ate (ZIP 785	Code 41	Plus 4	0119655		
Blacken circle if there are currently no changes from	n previous year; if no in	formation is o	lisplayed, comp	olete the applica	able information	in Sections A, B and	C.
Principal office							
Principal place of business							
Please sign below! Officer, director and membrate Report is completed. The irreport. There is no requirer officers, directors, or membrates.	nformation is updated nent or procedure for	l annually as supplement	part of the fra	nchise tax		30114731083	10
SECTION A Name, title and mailing address of each		member.		Dina at a c			
Name GODFREY GARZA	Title PRESIDEN 1			Director YES	Term	m m d d	уу
				YES	expiration		I
Mailing address RT 13, BOX 715	City EDINBURG		_		State TX	ZIP Ccode 78539	
Name	Title			Director	Term	m m d d	уу !!
				YES	expiration		1 1
Mailing address	City				State	ZIP Ccode	
Name	Title			Director	Term I	m m d d	уу
				YES	expiration		
Mailing address	City				State	ZIP Ccode	
SECTION B Enter the information required for each	:h corporation or LLC	C, if any, in w	hich this enti	ity owns an in	terest of ten pe	ercent (10%) or mo	ore.
Name of owned (subsidiary) corporation or limited liab	pility company	State of for	mation	Texas SO	S file number, if	any Percentage of	Ownership
Name of owned (subsidiary) corporation or limited liab	oility company	State of for	mation	Texas SO	S file number, if	any Percentage of	Ownership
SECTION C Enter the information required for eac or limited liability company.	th corporation or LLC	E, if any, tha	t owns an inte	erest of ten pe	ercent (10%) or	more in this entity	, ,
Name of owned (parent) corporation or limited liabilit	y company	State of for	mation	Texas SO	S file number, if	any Percentage of	Ownership
Registered agent and registered office currently on file Agent: GODFREY GARZA Jr.	e. (See instructions if yo	ou need to mi	ake changes)	/ \		ed forms to change r registered office ir	
Office: RT 13, BOX 715		Cit EC	ty DINBURG		State TX	ZIP Cod 78504	de_78541
The above information is required by Section 171.203 of the T for Sections A, B, and C, if necessary. The information will be a	· · · · · · · · · · · · · · · · · · ·		liability compa	ny that files a Tex	cas Franchise Tax F	Report. Use additional	sheets
I declare that the information in this document and any attack been mailed to each person named in this report who is an of				·	•	· •	' 1
sign 4 /	☐ Tit	le		Date	ļAi	rea code and phone	' ' '
here Majury / Ju		RESIDENT		•	2-10 1) -	
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					VE/DE) PIR IND	0
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. 'וֹשׁלֵוֹ מִּנְּעָּלְ שִׁלְּיִהְ וֹשְׁיִבְּיִהְ עִּבְּיִהְ שִּׁנְּרְיוֹ מִינְּיִדְ וְבְּשִׁבְּיִתְּיִבְּיִבְ אָנִיהְיִנְאָשִׁ בִּין אַ מִּינְהָיִם שְּׁיִבְּיִר מִיּרְ בִּינְיִים בּיִי בְּיִבְּיִים בְּיִבְּיִים בּיִבְּי				¦ ™ ■			
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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

TX2011 To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions Ver. 2.1 05-102

(9-09/29)

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

■Taxpayer number	, F	Report year	You have	certain rights	under Chapter :	552 and	1 559, Go	vemme	ent Co	de,
30114731083		2011		•	rrect information 1600, or (800) 23					
Taxpayer name INTEG CORPORATION Mailing address 4209 MILE 8 ROAD City EDINBURG	State TX	^Z	P Code 78541	Plus 4	Secre	etary o	f State t	file nur		or
Check box if there are currently no changes from p	•	י rmation is displaye		applicable infor	•					
Principal office	orovious your, it no line	industrio displays	od, complete alle	apphoable inter-		.07.,0				
Principal place of business										
Officer, director and mem Please sign below! Report is completed. The report. There is no require officers, directors, or men	information is update ement or procedure fo	d annually as par r supplementing t	t of the franchise	e tax		30:	11473	1083		
SECTION A. Name, title and mailing address o	f each officer, direc	tor or member	•							
Name CARZA	Title	CUDENT		Director X YES	Term expiration	<i>m</i>	m c	i d	y	y
GODFREY GARZA Mailing address 4209 MILE 8 ROAD	City	SIDENT		1	State TX	•		P Code 78541	•	
Name	Title			Director YES	Term expiration	<i>m</i>	m d	d	y 1	y
Mailing address	City			•	State		ZIF	Code	:	
Name	Title			Director YES	Term expiration	<i>m</i>	m c	l d	y	y
Mailing address	City			1	State	•	ZIF	² Code	!	
SECTION B Enter the information required for	each corporation o	r LLC, if any, ir	n which this e	ntity owns an	interest of ter	perce	ent (10%	%) or m	оге.	
Name of owned (subsidiary) corporation or limit NONE	ed liability compan	y State of	formation	Texas SC	OS file number, if	any	Percenta	age of O	wners	hip
Name of owned (subsidiary) corporation or limit	ted liability compan	y State of	formation	Texas SC	OS file number, if	any	Percenta	age of O	wners	hip
SECTION C Enter the information required for e	each corporation or	LLC, if any, th	at owns an in	terest of ten p	percent (10%)	or mo	ore in th	is entit	У	
Name of owned (parent) corporation or limited I NONE	iability company	State of	formation	Texas SO	S file number, if	any	Percenta	age of O	wners	hip
Registered agent and registered office currently on file. Agent: GODFREY GARZA J	(See instructions if yo	ou need to make o			box if you need red agent or reg	istered	_	ormatio		
Office: 4209 MILE 8 ROAD			City EDINBURG			tate X		ZIP C 7854		
The above information is required by Section 171.203 of the Tax Co for Sections A, B, and C, if necessary. The information will be availa	•	limited liability comp	any that files a Tex	as Franchise Tax F	Report. Use addition	nal sheets	S			
declare that the information in this document and any attachments been mailed to each person named in this report who is an officer, or		•	•	•		•				
sign Dufuy Da	in Jr.	Title PRESIDEN	т	Date 4	25-11	Area c	ode and p	phone n	umber	r
	Texas Com	notroller Of	icial Use (Only		_				





								ig ivallib	CI. I	100	00100	,	
TX2012 Ver. 3.0	05-102 (Rev.9-11/30) ■ Tcode 1319	Texas France To be filed by Corporation This report MUST be	ns, Limited L	iability Co	mpanies (LL	.C) and	Financi	al Institution	s				
■ Taxpayer	number		■ Report	year	You have c	ertain rig	ghts und	ier Chapter 55	2 and	559, G	ovemme	nt Co	de,
30114	731083		2012	•	1	•		et information of or (512) 463-		on fil	e about y	you.	
Mailing add	ORPORATION ress E 8 ROAD	State TX			Code 8541	Plus	4	Comptn	•	numb	OS) file ni er	umber	or
		no changes from previous year; if	f no information			applicab	le informa	•					
Principal off	fice ace of business Officer, o ign below! Report is report. T	director and member information is completed. The information is here is no requirement or procedirectors, or members change t	n is reported as updated annua dure for supple	s of the date ally as part o ementing the	a Public Infor	rmation e tax	ic illoma				731083	312	
SECTION A	Name, title and mai	ling address of each officer	, director or r	nember.						•			
Name			Title	-		Direc	tor YES	Term expiration	m 	m	d d	y	у
GODFREY Mailing add		•	PRESIDEN City	14		l		State	•	12	ZIP Cod	le	
•	E 8 ROAD		EDINBURG	;				TX			78541		
Name			Title			Direc	tor YES	Term expiration	<i>m</i>	m	d d	y	y
Mailing add	ress		City			•		State		Į.	ZIP Cod	le	
Name			Title			Direc	tor YES	Term expiration	<i>m</i>	m	d d	y	y
Mailing add	ress		City			•		State		2	ZIP Cod	le	
SECTION E	B Enter the information	on required for each corpora	ation or LLC,	if any, in	which this e	ntity ow	ns an ir	nterest of 10	perce	nt or	more.		
Name of ow	vned (subsidiary) corp	poration or limited liability co	ompany	State of fo	rmation	Te	exas SOS	file number, if	any	Perce	entage of	owner	ship
	vned (subsidiary) corp	poration or limited liability co	ompany	State of fo	rmation	Te	exas SOS	file number, if	any	Perce	ntage of	owner	ship
SECTION O	Enter the information liability company.	n required for each corpora	ation or LLC,	if any, tha	t owns an in	iterest o	of 10 pe	rcent or mor	e in th	is ent	ity or lir	nited	
Name of ow	vned (parent) corpora	tion or limited liability comp	any	State of fo	rmation	Te	exas SOS	file number, if	any	Perce	entage of	owner	ship
Registered ag	gent and registered office	currently on file. (see instruction	ons if you need	to make ch	anges)	_	Check bo	ox if you need	forms t	o char	nge		
Agent: G0	ODFREY GARZA							tered agent or			fice infor		n.
Office: 420	9 MILE 8 ROAD			Ci E	ty DINBURG				ate X		ZIP (785		
for Sections A, B	B, and C, if necessary. The info	171.203 of the Tax Code for each corpormation will be available for public inspand any attachments is true and correct	pection.		-								

Area code and phone number



VE/DE O PIR IND

TX2013

Texas Franchise Tax Public Information Report

Ver. 4.0

05-102

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

(Rev.9-11/30)

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

■ Icode 13196									
■ Taxpayer number	Repo	ort year	You have co	ertain rights	under Chap	oter 552 and 5	559, Gove	mment ·	Code,
30114731083	201	3				ation we have	on file at	out you	<i>t</i> .
			Contact us a	t (800) 252-1	381 or (512 ₎	463-4600.			
Taxpayer name INTEG CORPORATION									
Mailing address		****			S	ecretary of St	ate (SOS)	file num	ber or
4209 MILE 8 ROAD	01-1-	19	UD Code	I Divo 4	C	omptroller file	number		
ÉDINBURG	State TX		IP Code 78541	Plus 4		011965510			
Check box if there are currently no changes from pre	vious year; if no informati	on is display	ed, complete the	applicable inf	ormation in S	ections A, B a	ınd C.		
Principal office						*****	11 211 0 1212 111		** 14181 17838 1711 183
Principal place of business									
Please sign below! Report is completed. The interport. There is no requirem officers, directors, or members.	formation is updated announced ont or procedure for suppers change throughout the	ually as part plementing the year.	of the franchise t ne information as	ax	 	30:	114731	0831	3
Name	Title	- Inciniber.		Director	····	m	m d	đ	v v
Name	Title			X YE	S Term		<u>u</u>		<u>, , , </u>
GODFREY GARZA	PRESIDE	ENT		🗠 '-	expira	ation			
Mailing address	City				State			Code	
4209 MILE 8 ROAD	EDINBUI	RG		Director	TX_			8541	., .,
Name	Title			l —	Term	[<u>m</u> d	d	<u>у у</u>
				│	S expira	ation			
Mailing address	City	·			State		ZIP	Code	
Name	Title			Director	T	m	m d	d	у у
				YE	S Term expira	ation			
Mailing address	City			<u> </u>	State		ZIP	Code	
SECTION B Enter the information required for e	ach corporation or LL	.C, if any, i	n which this en	itity owns a	n interest	of 10 percer	nt or moi	e.	
Name of owned (subsidiary) corporation or limited NONE	l liability company	State of	formation	Texas	SOS file nun	nber, if any	Percenta	ge of ow	nership
Name of owned (subsidiary) corporation or limited	liability company	State of	formation	Texas	SOS file nur	nber, if any	Percenta	ge of ow	nership/
SECTION C Enter the information required for ea liability company.	ch corporation or LLC	C, if any, th	at owns an int	erest of 10	percent or	more in thi	s entity o	r limite	ed
Name of owned (parent) corporation or limited lia NONE	bility company	State of	formation	Texas	SOS file nur	nber, if any	Percenta	ge of ow	nership
Registered agent and registered office currently on file. (so	ee instructions if you nee	d to make c	hanges)	Ob-	-l. h if				
Agent: GODFREY GARZA	•		- ,			need forms t ent or registe	red office		
Office: 4209 MILE 8 ROAD			City EDINBURG			State TX		ZIP Co 78541	
The above information is required by Section 171.203 of the Tax Cod for Sections A, B, and C, if necessary. The information will be availab	e for each corporation or limit le for public inspection.	ed liability com	pany that files a Tex	as Franchise T	ax Report. Use	additional shee	s		
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dir									
sign grafier bu		itle P		Date	9-1:		ode and p	hone nu	ımber
	~ r	7.0					<u> </u>		
	Texas Compt	roller Of	ficial Use (Only					



TX2014

Ver. 5.0

05-102

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

(Rev.9-13/32)

Taxpayer number		Report	year				You	have certai	n right	s under	Chapter 5	52 and 559,
30114731083		2014	1	1		G		Code, to rev				
Taxpayer name INTEG CORPORATION				,		Τ.	■ Ch	eck box if the	e mailin	ng addre	ess has cha	nged.
Mailing address 4209 MILE 8 ROAD				1			*** * **			State (SOS) file n	umber or
	State			ZIP Code	78541	Plu	s 4	011	96551	00		
Check box if there are currently no changes from previ	ous year; if no	information	is displa	ayed, comple	te the	applic	able inform	ation in Sec	tions A,	B and	C.	
Principal office									I FILLI (11 77) ILT	1 F 1 17 8 11 F 1 8 21 1	1111 MIN MPN 1719	(1137 (1131 1131) 1131
Principal place of business												
Officer, director and manager Please sign below! Report is completed. The info report. There is no requireme officers, directors, or manage	ormation is upon the or procedurers change thro	dated annua re for supple oughout the	illy as pa ementing year.	rt of the franc the informat	chise ta	ation ax			3	0114	731083	14
SECTION A Name, title and mailing address of ea		irector or r	manage	er.		Dir	ector					
Name	1					X	YES	Term expiration	,	n m	<u>dd</u>	у у
GODFREY GARZA Mailing address		PRESIDEN City						State			ZIP Code	,
4209 MILE 8 ROAD Name		EDINBURO Title	<u> </u>		:	Dire	ector	TX		m m	78541 d d	v v
Turno .	,			•	! !		YES	Term expiration				
Mailing address		City			İ			State			ZIP Code	;
Name	T	Title				Dire	ector 'YES	Term expiration	<u> </u>	n m	d d	у у
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SECTION C Enter the information required for each	ch corporation	on or LLC,	if any,	that owns a	n inte	erest	of 10 per	cent or mo	re in tl	his ent	ity or limit	ed
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The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available			liability co	mpany that files	а Теха	s Franc	chise Tax Rep	oort. Use additi	onal she	ets	-	
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire			•	-	1			• •	•		,	
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Ver. 6.0

05-102 (Rev.9-13/32)

Texas Franchise Tax Public Information Report



Filing Number: 119655100

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		Report		$\overline{}$	You have certain rights under Chapter 552 and Government Code, to review, request, and correct inform									
30114731083		2015	· · · · · ·			we have	on file about you. Contact us at 1-800-252-138							
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Mailing address 4209 MILE 8 ROAD									State (SOS) ile number	file nu	umber or			
City EDINBURG	State TX		2	IP Code 78541	Plus	s 4	01	1965510	00					
Check box if there are currently no changes from pre	evious year; if no	o information	is display	ed, complete the a	pplica	able inform	nation in Se	ctions A, I	B and C.					
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Principal place of business							-							
Please sign below! Officer, director and management is completed. The inference officers, directors, or management is completed.	nformation is up ment or procedu gers change thr	dated annua re for supple oughout the	illy as part ementing to year.	of the franchise ta ne information as	ation X			30	0114731	083	15			
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Texas Franchise Tax Public Information Report

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

■ Tcode 13196 Franchise

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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)

Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts FORM Today 11

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 Franchise

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