	Comptroller 05 - 102 of Public 05 - 102 Accounts (11-06/26) FORM	3333	b.	E			
		This report MUST t satisfy franchise tax re	equirements		dentification number 6956717		d. Report year
EXAS FRANCHISE TA	Corporation name and			1043	<u> </u>		
	·					∡ L	4
TAILWIND SPORT 98 SAN JACINT(0					number or, if none, rtered number
AUSTIN	T	X 78701				g. 🖿	
					Item k on Franchis Tax Report, Form	080 05-142	0566275
ase mark through any incorrect in	formation, and type or	print the correct inform	ation.		I JUTI EL US A GOL A D'IL DO IN	NA ATA TRENDE DE DEL DE UM	I N N N N N N N N N N N N N N N N N N N
e following information is required ited liability company that files a T Sections A, B, and C, if necessary	exas Corporation Fran	ichise I ax Report. Use	additional she	or eets			
Check this box if there are curre Section A of this report. Then,			d in		+ 10436	95671 below!	→ → → → → → → → →
provation's principal office						e a Public	Information Report is
incipal place of business			e		as part of the	franchise ta	n is updated annually ax report. There is no or supplementing the
					information a throughout the	s officers a	and directors change
CTION A. Name, title, and mailin	ng address of each offi	icer and director.		TITLE	DIRECTO		Iration (mm-dd-yyyy)
BARTON KNAGGS				PRESIDE		s	
			mx/ 70	701			
98 SAN JACINTO, : MAME	<u>STE. 430</u>	AUSTIN,	<u>TX 78</u>		DIRECTO	R Term exp	iration (mm-dd-yyyy)
BILL STAPLETON				CEO	X YE	s	
AILING ADDRESS	eme 430	AUSTIN	. тх 78	701			
98 SAN JACINTO, Ame	<u>516, 450</u>	<u></u>	<u>, 17 /0</u>	TITLE	DIRECTO	R Term exp	iration (mm-dd-yyyy)
THOMAS W. WEISEL				DIRECTO	DR X YE	s	
IAILING ADDRESS	T., STE. 33	700 SAN FRA	ANCISCO). CA 94	104		
		<u></u>		TITLE	DIRECTO		piration (mm-dd-yyyy)
AILING ADDRESS			• <u> </u>			S	
			•				
IAME				TITLE	DIRECTO		biration (mm-dd-yyyy)
AILING ADDRESS				I		<u></u>	
			. .			 .	
CTION B. List each corporation	or limited liability com	pany, if any, in which th on requested for each o	is reporting conting contraction or	orporation or lip limited liability	mited liability comp company.	any owns an	interest of ten
ame of owned (subsidiary) corporation				/organization	Texas SOS file nur	nber	Percentage Interest
		State of inc./organization		Texas SOS file number		Percentage Interest	
ame of owned (subsidiary) corporation or limited liability company		State of Inc.	/organization			Percentage interest	
CTION C. List each corporation	or limited liability com	pany, if any, that owns uested for each corpora	an interest of	ten percent (1)	0%) or more in this	reporting co	rporation or limited
lability company. En				./organization	Texas SOS file nu	nber	Percentage Interest
					<u></u>		
egistered agent and registered office of	currently on file. (See ins	tructions if you need to ma	ke changes.)				
					Check this box is registered agent	i you need fo or reaistered	rms to change the doffice information.
•					<u>-</u>		
Agent: Office:							
Office:	ument and any attachmen	nts is true and correct to the	e best of my kn	owledge and beli	ef, as of the date belo	w, and that a	copy of this report has
Office: declare that the information in this doct een mailed to each person named in th		· · · · · · · · · · · · · · · · · · ·	e best of my kn currently empl	owledge and beli oyed by this, or a Date	ef, as of the date belo related, corporation of	w, and that a pr limited liabili Daytime photogram	copy of this report has ty company. The (Area code and number
•		ts is true and correct to the r or director and who is not Title	e best of my kn currently empl		ef, as of the date belo related, corporation of	Daytime pho	copy of this report has ty company. Are (Area code and number)

: