05-102

(Rev. 1-08/28)

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT
(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tay requirements

E (COGE 13170	nis report MUST be file	d to satisfy franchise ta	x requirements	
■ Taxpayer number FINAL REPORT	Report year You have certain rights under Chapter 552 and 559, Government Code			
1 0 4 3 6 9 5 6 7 1	7 2 0 0	♥	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 TAILWIND SPORTS CORP.				
Mailing address 98 SAN JACINTO, SUITE	430			Secretary of State file number or Comptroller file number
City AUSTIN	State TX	ZIP Code 7870)1 Plus 4	0800566275
Blacken circle if there are currently no changes of	or additions to the inform	nation displayed in Sectio	on A of this report.	Then complete Sections B and C.
Entity's principal office AUSTIN, TX				
Principal place of business AUSTIN, TX				
Please sign below! Officer, director and member Report is completed. The irreport. There is no requirer officers, directors, or members.	nformation is updated an nent or procedure for su	inually as part of the fran pplementing the informa	chise tax	10000000008
SECTION A Name, title and mailing address of each	h officer, director or me	ember.		1043695671708
Name	Title		Director	m m d d y y
BARTON KNAGGS	PRESI	DENT	✓ YES	Term
Mailing address 98 SAN JACINTO, SUITE		'IN		State TX ZIP code 78701
Name THOMAS W. WEISEL	Title DIRE	CTOR	Director (X) YES	m m d d y y Term
		200		expiration
Name	Title	FRANCISTO	Director	CA 94104
BILL STAPLETON	CE	: 555 ₁	→ YES	Term
Mailing address 98 SAN JACINTO, SUITE	430 City AUSTI	ïN	1 .	State TX ZIP code 78701
Name	Title		Director YES	m m d d y y Term
Mailing address	City			expiration
SECTION B Enter the information required for each ten percent (10%) or more.	h corporation or LLC, if	any, in which this repo	rting entity owns	I an interest of
Name of owned (subsidiary) corporation or limited liab	oility company	State of formation	Texas SO:	S file number, if any Percentage of Ownership
Name of owned (subsidiary) corporation or limited liab	pility company	State of formation	Texas SO	S file number, if any Percentage of Ownership
SECTION C Enter the information required for each entity or limited liability company.	h corporation or LLC, if	any, that owns an inter	est of ten percent	(10%) or more in this reporting
Name of owned (parent) corporation or limited liability	company	State of formation	Texas SO	S file number, if any Percentage of Ownership
Registered agent and registered office currently on file Agent:	e. (See instructions if you r	need to make changes)	/)	n circle if you need forms to change istered agent or registered office information.
Office:		City		State ZIP Code
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			y that files a Texas Fra	nchise Tax Report. Use additional sheets
I declare that the information in this document and any attachmailed to each person named in this report who is an officer,				
sign Mullith		ritle CFO	Date 11/14	I Area code and phone number
THE TOTAL TO	frestant sui fireste et a	UTU भगविद्योधिकार्थका		יין איין איין איין איין איין איין איין
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