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TX2017 05-102

Ver. 8.0 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

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.

17516510959

2017

Form with fields: Taxpayer name CRADDICK, INC., Mailing address TWO LAKES DRIVE, City MIDLAND, State TX, ZIP code plus 4 79705, Secretary of State (SOS) file number or Comptroller file number 0044485700

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.

Form with fields: Principal office TWO LAKES DRIVE, MIDLAND, TX 79705, Principal place of business TWO LAKES DRIVE, MIDLAND, TX 79705



You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.

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

Table with 3 columns: Name, Title, Director (YES/NO), Term expiration (m m d d y y), Mailing address (City, State, ZIP Code). Rows for THOMAS R. CRADDICK and NADINE N. CRADDICK.

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

Table with 4 columns: Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution, State of formation, Texas SOS file number, if any, Percentage of ownership.

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Table with 4 columns: Name of owned (parent) corporation, LLC, LP, PA or financial institution, State of formation, Texas SOS file number, if any, Percentage of ownership.

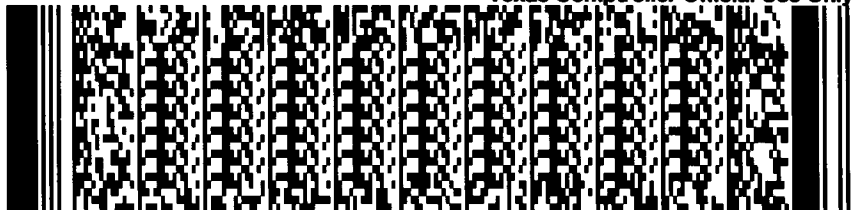
Form with fields: Registered agent and registered office currently on file (see instructions if you need to make changes), Agent: TOM R CRADDICK, Office: 3108 STANOLIND, City MIDLAND, State TX, ZIP Code 79701. Includes note: You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

Form with fields: Sign here (signature), Title CPA, Date 5/18/17, Area code and phone number (432) 682-3000

Texas Comptroller Official Use Only



Form with fields: VE/DE, PIR IND

