

TX 2015 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 461810254		■ 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 BROOKFIELD CONSULTANTS INC				<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 11811 NORTH FREEWAY SUITE 500				Secretary of State (SOS) file number or Comptroller file number	
City HOUSTON	State TX	ZIP Code 77060	Plus 4		

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 11811 NORTH FREEWAY SUITE 500 HOUSTON TX 77060
Principal place of business 11811 NORTH FREEWAY SUITE 500 HOUSTON TX 77060



0461810254015

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	Title	Director	Term expiration
ASHISH GUPTA		<input type="checkbox"/> YES	m m d d y y
Mailing address 4127 MARLOWE DR	City HOUSTON	State TX	ZIP Code 77005
AMOL GUPTA		<input type="checkbox"/> YES	m m d d y y
Mailing address 4127 MARLOWE DR	City HOUSTON	State TX	ZIP Code 77005
		<input type="checkbox"/> YES	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
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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:	City	State	ZIP Code		
Office:					

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>Amol Gupta</i>	Title PRESIDENT & CEO	Date 09/14/2015	Area code and phone number ()

Texas Comptroller Official Use Only



VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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