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13196

This report MUST be filed to

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	satisfy franchise	tax requirements	c. Texpayer identification number	d. Report	year
TEXAS FRANCHISE T	AX PUBLIC INFORMATION	N REPORT	1-74-1187815-4	_	200
11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Corporation name and address				

Hardlaladdaradladd CHARLOTTE'S INC

S411 N MESA ST

EL PASO TX 79912-5495

e. PIR / IND

Secretary of State fite number or, if none, Comptroller unchartered number

ltem k on Franchise Tax Report, Form 05-142 0011454100

2005

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

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 circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C. Lease sign below! Officer and director Corporation's principal office 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 Principal place of business

TITLE

KAREN MCANULTY WAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE PRESIDENT MELISSA O'ROURKE MAULING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE DIRECTOR MELISSA O'ROURKE MAULING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MAULING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MAULING ADDRESS MALEN MESA ST EL PASO, TX 79912 MAME MAME MALEN MAL			requirement or	procedure for supplementing the
KAREN MCANULTY KAREN MCANULTY WALLING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE PRESIDENT PRESIDENT YES MALUNG ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE DIRECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE DIRECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE DIRECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME DIRECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE MILLE DIRECTOR Term expiration (mm-dd-yyyy)	SECTION A. Name, title, and mailing address of each officer and director.		throughout the y	ear.
MALING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE MALING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MELISSA O'ROURKE MELISSA O'ROURKE DIRECTOR DIRECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE MALING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME MALING ADDRESS TITLE DIRECTOR Term expiration (mm-dd-yyyy) VES	NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
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MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME DIRECTOR: Term expiration (mm-dd-yyyy) VES	MELISSA O'ROURKE	DIRECTOR	X YES	1, 333 1, 333 1, 334
NAME DIRECTOR Term expiration (mm-dd-yyyy)	MAIUNG ADDRESS	7 7 111001011	I IN TILLO	
NAME DIRECTOR Term expiration (mm-dd-yyyy)	5411 N MESA ST EL PASO, TX 79912			
□ VFS	NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
MAILING ADDRESS			□ VEQ	
	MAILING ADDRESS			

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. SECTION B.

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest	
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest	

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 owning (parent) corporation State of incorporation Texas SOS file number Percentage Interest

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent PAUL O SERGENT JR Office: 6006 N MESA, STE 110 EL PASO, TX 79912

NAME

MAILING ADDRESS

Blacken this circle if you need forms to change this information. Changes can also be made on-line at http://www.sos.state.tx.us/corp/sosda/index.shtml

DIRECTOR | Term expiration (mm-dd-yyyy)

YES

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 familied liability company or a related corporation.

Officer, director, or other authorized person here

Title

Daytime phone (Area code and number)

0018389

®	05·102 (12·05/25)
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a. T Code = 13196

This report MUST be filed to satisty franchise tax requirements Do not write in the space

7	O MOCOVO	[-4	
	d. Report year	ᅜ	
	_ 2006	W	

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation name and address u e PIR/IND 0 Secretary of State file number or, if none. w Comptroller unchartered number EL PASO TX 79912-5495 Q. 8 ltem k on Franchise 0011454100 Tax Report, Form 05-142

c. Taxpayer identification number

1-74-1187815-4

Please mark through any incorrect information, and type or print the correct information.

Haallaladalaandladall

CHARLOTTE'S INC

5411 N MESA ST

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 circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C. Please sign below! Officer and director Corporation's principal office as of the date a Public Information Report is completed. The information is updated annually Principal place of business as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change SECTION A. Name, title, and mailing address of each officer and director throughout the year. NAME MACEL DIRECTOR | Term expiration (mm-dd-yyyy) KAREN MCANULTY VICE PRESI YES MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME TITLE DIRECTOR | Term expiration (mm-dd-yyyy) MELISSA O'ROURKE PRESIDENT YĘS MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME TITLE DIRECTOR | Term expiration (mm-dd-yyyy) KAREN-MCANULTY DIRECTOR MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME TITLET DIFECTOR Term expiration (mm-dd-yyyy) MELISSA O'ROURKE DIRECTOR YES MAILING ADDRESS 5411 N MESA ST EL PASO, TX 79912 NAME TITLE DIRECTOR Term expiration (mm-dd-yyyy) YES MAILING ADDRESS 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 or limited liability company Texas SOS tile number State of inc./organization Percentage Interest Name of owned (subsidiary) corporation or limited liability company State of inc /organization Texas SOS file number Percentage Interest 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 owning (parent) corporation or limited bability company Texas SOS file number State of inc./organization Percentage Interest

SECTION C.

Registered agent and registered office ourrently on file. (See instructions if you need to make changes.)

Agent PAUL O SERGENT JR

Office 6006 N MESA, STE 110 EL PASO. TX 79912

Blacken this circle if you need forms to change this information. Changes can also be made on-line at http://www.eos.state.tx.us/corp/eosda/index.shtml

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and bekef, as of the date below, and that a copy of this report has been maded to each person named in this report who is an officer or director and who is not currently employed by this, or a related, corporation or limited liability company.

Officer, director, or other suthorized person slan here)

Date

Daybme phone (Area code and number)

0020539

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller 05-102
of Public Accounts (9-09/29)
FORM TCode 13196

To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number	Report	year	You have co	ertain right	s under Chapte	r 552 and 559, Go	vernment Code,
17411878154	2 0	1 0				ion we have on fil 252-1381, toll free	
Taxpayer name Charlotte's, In	vc.			******	110		
Mailing address 5411 N. Mesa.	5+.					etary of State file optroller file numb	
City El Paso State 7	×	ZIP	19/2	Plus 4	75 0	01145	4100
Blacken circle if there are currently no changes from previous	year; If no inf	ormation Is di	splayed, com	plete the ap	plicable Informa	ition in Sections A	, B and C.
Principal Office 5411 N. Mesa 5	t. El	Paso.	7x 7	9917			
Principal place of business N. Mesa St.	EIR	150,7	× 79	9/2			
Please sign below! Officer, director and member information report is completed. The information report. There is no requirement or profficers, directors, or members change	n is updated ocedure for e throughou	annually as p supplementi It the year.	art of the fra	inchise tax	on	1000000	000010
SECTION A Name, title and mailing address of each officer,		member.					
Melissa O'Rourke	Pre	side	wt	Directo YES	Term expiration	m m d	d y y
Malling address 5411 N. Mesa St.	City E1	Pasa			State	- ZIP 9	ode 79/2
Haren Mc Anulty	Title /	resid	louit	Directo YES	Term expiration	m m d	d y y
	City E	Pas	2		State	x Ziec	9912
	Title Sec	1 Tre		Director YES	Term expiration	m m d	d y y
DOWN TY	City E1	Pas	 ව		State 7	× ZIP C	ode
SECTION B Enter the Information required for each corporation	n or LLC, if a	ny, in which t	his entity ov	vns an inte	est of ten perc	ent (10%) or more	e.
Name of owned (subsidiary) corporation or limited liability comp	any	State of form	ation	Texas	SOS file numb	er, if any Percent	age of Ownership
Name of owned (subsidiary) corporation or limited liability comp	any	State of form	ation	Texas	SOS file numb	er, if any Percent	age of Ownership
SECTION C Enter the information required for each corpora liability company.	ition or LLC,	if any, that	owns an inte	erest of ter	percent (10%	o) or more in this	entity or limited
Name of owned (parent) corporation or limited liability company	,	State of form	ation	Texas	SOS file numb	er, if any Percent	age of Ownership
Registered agent and registered office currently on file Usee instr Agent: Paul O. Saralut. A.	ructions if you	need to mak	e changes)			u need forms to o	change office information.
Office: 6006 N. Mesa St., Sta	. 110	City	EI	Pasa) S	tate Tx	ZIP Code
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for p			ability compar	ny that files a	Texas Franchise	Tax Report. Use add	ditional sheets
I declare that the information in this document and any attachments is trubeen mailed to each person named in this report who is an officer, director	ue and correct or or member a	to the best of r	ny knowledge currently emp	and belief, a	s of the date belo	ow, and that a copy poration or limited	of this report has
sign Karen M'auth	Title			Date 5 -	7-10		phone number
ˈſexas	Comptro	oller Offici	al Use On	ly .	*		
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