

05-102
(Rev.2-24/35)**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 Franchise

■ Taxpayer number

■ Report year

Due date

8 3 - 2 3 0 3 9 8 6

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5/15/2024

You have certain rights under Chapter 552
and 559, Government Code, to review, request and
correct information we have on file about you.

Taxpayer name

Council for Corporations, LLC

■ ☐ Blacken circle if the mailing address has changed.

Mailing address

5859 W. Saginaw Hwy., #343

Secretary of State (SOS) file number or
Comptroller file number

City

Lansing

State

MI

ZIP code plus 4

48917-2460

32070012870

● Blacken circle 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

Principal place of business

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.**Mail signed report to:**
Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, Tx 78714-9348For locations and phone numbers visit
www.comptroller.texas.gov/about/contact.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name Joseph Fata	Title President	Director <input checked="" type="radio"/> YES	Term expiration	Ongoing
Mailing address 5859 W. Saginaw Hwy, #343	City Lansing	State MI	ZIP Code 48917	
Name Thomas Fata	Title Director	Director <input checked="" type="radio"/> YES	Term expiration	Ongoing
Mailing address 5859 W. Saginaw Hwy., #343	City Lansing	State MI	ZIP Code 48917	
Name Justin Fata	Title Vice President	Director <input checked="" type="radio"/> YES	Term expiration	Ongoing
Mailing address 5859 W. Saginaw Hwy., #343	City Lansing	State MI	ZIP Code 48917	

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.

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

Name of owned (parent) corporation, LLC, LP, PA or financial institution	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)

Agent:

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office:

City

State

ZIP Code

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.

sign here Michael Bailey	Title Operations Mgr	Date 10/18/2024	Area code and phone number (517) 321 - 14144
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Texas Comptroller Official Use Only05-102|(Rev.2-24/35)|13196|83-2303986|2024|Fri Oct 18 2024 11:21:
57 GMT-0400 (Eastern Daylight Time)|9997|0|

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
PM Date			

