

## TEYAS LINCL AIMED DRODERTY

I EXAS UNCLAIMED PROPERTY					AGENCY USE ONLY			
HOLDER REPORT AND PAYME	LIN I	Holder federal employ (FEIN)	er identification r	iumber	Div Year	Seq	Туре	
Holder name and address			Ctata of incorna	ration or chart	tor			
Holder name and address		State of incorpo	ration or chart	ier	REPORT			
		Date of incorporation or charter			DUE DATE			
DEDODT CONTACT	Phone number	CL AIMC C	ONTACT		P	none number		
REPORT CONTACT [Name		CLAIMS CO	UNTACT					
Mailing address		Mailing add	Mailing address					
E-mail address		E-mail addre	ess					
FAX number		FAX number	r					
DIFAS	E MARK ANY CHANG	ES TO THE ABOVE	INFODMATIC	οΛ/				
Holder's primary business activity:	L WARR ANT CHANG	LS TO THE ADOVE	INIONWATIC	., v	SIC co	de <sup>.</sup>		
. ,	- remark totals	NUMBER			0.0.00			
Circle all report media used and provide report totals. Confirmation number must be included if filing via Internet		OF ITEMS	SI	HARES		<u>CASH</u>		
Forms 53-105 / 53-119				_ \$				
Diskette (Number of diskettes)				_ \$				
Magnetic tape/cartridge				- \$				
Internet (Transmission confirmation numb	J)			\$				
The foregoing report contains a full and comp	plete list of all property	held by the undersic	gned		PAYMENT	AMOUNT		
The foregoing report contains a full and comp that from the records of the undersigned, is a The property delivered is a complete and corn and location of the listed owners are unknown act of ownership with respect to the reported	pandoned under the la rect remittance of all ac n; and the listed owner property.	ccounts; the existents have not asserted	exas. ce l an	\$				
MAIL THIS FORM WITH YOUR PAYMENT TO	:		sign <b>\</b>					
IEXAS STATE COMPTROLLER Unclaimed Property Division	For assistance, cal extension 6-6246,	toll free nationwide,	here /					
TEXAS STATE COMPTROLLER Unclaimed Property Division Holder Reporting Section P.O. Box 12019 Austin, TX 78711-2019	or in Austin, call 51	2/936-6246.	Title					
_	* * * <b>D</b> O	 NOT DETACH * *	* *					
Comptroller 53-119 of Aux Accounts (5-03)	20	THOI DEITHOR						
PAYMENT FOR UNCLAIMED PI Complete one copy for each check s								
1. T code		1. <b>•</b> [9 <sub>1</sub> 0 <sub>1</sub>	1,0,0	PAYMENT				
3. Deposit code		3. <b>•</b> [5 <sub>1</sub> 5 <sub>1</sub>	2					
4. Federal Employer's Identification I	Number (FEIN)	4. 🔳 🔟						

5. Amount of check (Dollars and cents) \_\_\_\_\_ 5. ■ AGENCY USE ONLY Holder name PM