## Authority to operate: Chapter 13 of Title 50 U.S.C., Presidential Decision Directive 25 (PDD-25), E.O. 12333, (JASTA)

Comptroller of Public Accounts FORM

1516 P ST. NW

05-102 (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 Franchise

■ Taxpayer number										■ Report year	■ Report year			You have certain rights under Chapter 552 and 5				
3 2 0 8 2 7 6 8 9 3 1						1	20				rnment Code, to review, request and correct information re have on file about you. Contact us at 1-800-252-138							
Tax	ayer n	ame	UNI	TE	ST	ATE	ES A	RM	ED I	ORC	ES FOUNDA	TION, INC.		∂lacken	circle if the mailing address has changed.			
Mailing address 751 BEACH STREET / CAGE COD						SE CO	DE: 997N2		<u>,                                    </u>		Secretary of State (SOS) file number or Comptroller file number							
City			FO	RT	WO	RTH			St	ate	TX	ZIP code plus 4	6111		0804392946			

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.

This report must be signed to satisfy franchise tax requirements.

Principal office
751 BEACH STREET / DEPARTMENT OF THE ARMY / CAGE 99994

Principal place of business
751 BEACH STREET / DEPARTMENT OF DEFENSE / CAGE 96412

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



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Name	Title	Director		m	m	d	d	y	3
WILLIAM MAVERICK WINSLOW AC56	ADMINISTRATOR	YES	Term expiration	0	4	1	7	2	8
Mailing address 751 BEACH STREET / CAGE CODE 997N2	City FORT WORTH	1	State T)	(		ZIP C		111	
Name	Title	Director		m	m	d	d	у	
MALITIA NATIONAL MILITARY FORCES US	PARTNER	○ YES	Term expiration	0	4	1	7	2	8
Mailing address 1000 DEFENSE PENTAGON	City WASHINGTON	1	State D.C	).		ZIP C	<sup>ode</sup> <b>20</b> :	301	
Name	Title	Director		m	m	ď	d	У	
		- 1	Term						T

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.

WASHINGTION

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution UNITED STATES DEPARTMENT OF THE TREASURY		Texas SOS file number, if any	Percentage of ownership 100%
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution FEDEFRAL RESERVE BANK SYSTEM	State of formation <b>D.C.</b>	Texas SOS file number, if any	Percentage of ownership 100%

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 UNITED STATES OF AMERICA	State of formation <b>D.C.</b>	Texas SOS file nu	mber, if any	Percentage of ownership 50%
Registered agent and registered office currently on file (see instructions if you need to a Agent: WILLIAM MAVERICK WINSLOW AC56	•	You must make a filing v agent, registered office o		y of State to change registered er information.
Office: 751 BEACH STREET / CAGE CODE 997N2	City FOR	T WORTH	State T)	X ZIP Code 76111
The information on this form is required by Section 171 203 of the Tay Code for each or	progration LLC LP PA or financi	al institution that files	Toyas Franchis	Tay Penort   Ise additional

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 additiona 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.

LLC, LP, F	'A or financial in	stitution.								
sign	W.M.	win	for	AC56	i	Title	Date		Area code and p	hone number
here	U.5.	AR MY	Car	12 99	7/12	ADMINISTRATOR	04/10	/24	(214)	- 208-6457
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## **Texas Comptroller Official Use Only**

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