

# Agenda of Special Meeting

## The Board of Trustees Nederland Independent School District

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A Special Meeting of the Board of Trustees of Nederland Independent School District will be held May 20, 2022, beginning at 12:00 PM in the Boardroom, Administration Building, 220 N 17th St., Nederland, TX 77627.

The subjects to be discussed or considered upon which any formal action may be taken are listed below. Items do not have to be taken in the same order as shown on this meeting notice.

1. CALL TO ORDER, ROLL CALL, ESTABLISHMENT OF QUORUM
2. INVOCATION AND PLEDGE TO AMERICAN AND TEXAS FLAGS
3. **CLOSED SESSION:** The Board of Trustees will meet in executive (closed) session to discuss certain matters excepted from public disclosure by the following statutory provisions: to deliberate matters pertaining to personnel matters including employee contract renewal/nonrenewals, as permitted by section §551.074, Texas Government Code; to deliberate matters pertaining to discipline of a student, as permitted by section §551.082, Texas Government Code; for discussion of personally identifiable student information as permitted by section §551.0821, Texas Government Code; to deliberate matters pertaining to real property, as permitted by section §551.072, Texas Government Code; to discuss legal issues related to 2019 Bond Projects, as permitted by section §551.071, Texas Government Code; to consult with legal counsel regarding legal issues, as permitted by section §551.071 and §551.0821, Texas Government Code. 2
4. OTHER ITEMS (DISCUSSION AND/OR ACTION)
5. Air Liquide Application 3
6. Legal Representation Agreements for District Representation for purposes of Tax Code 313 matters concerning Application of Air Liquide 68
7. **ADJOURNMENT**

**NEDERLAND INDEPENDENT SCHOOL DISTRICT**

**Board of Trustees**

May 20, 2022

\_\_\_\_\_  
Date of Board Meeting

\_\_\_\_\_  
Initiated By

Dr. Stuart Kieschnick

\_\_\_\_\_  
Recommended By

**CLOSED SESSION  
(DISCUSSION AND/OR ACTION)**

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**NEDERLAND INDEPENDENT SCHOOL DISTRICT**

**Board of Trustees**

May 20, 2022  
Date of Board Meeting

Initiated By

Dr. Stuart Kieschnick  
Recommended By

**AIR LIQUIDE APPLICATION  
(DISCUSSION AND/OR ACTION)**

Discussion and possible action to accept the Air Liquide Application and authorize the Superintendent to enter into any agreement to extend the deadline for Board action beyond 150 days.

AIR LIQUIDE

ISD: Nederland ISD

Project Code Name: Yellowstone

APPLICATION TAB ORDER FOR REQUESTED ATTACHMENTS

ATTACHMENT

1	Sections 1-16
2	Proof of Payment of Application Fee
3	Documentation of Combined Group membership under Texas Tax Code 171.0001(7), history of tax default, delinquencies and/or material litigation <i>(if applicable)</i>
4	Detailed description of the project
5	Documentation to assist in determining if limitation is a determining factor
6	Description of how project is located in more than one district, including list of percentage in each district and, if determined to be a single unified project, documentation from the Office of the Governor <i>(if applicable)</i>
7	Description of Qualified Investment
8	Description of Qualified Property
9	Description of Land
10	Description of all property not eligible to become qualified property <i>(if applicable)</i>
11	<p>Maps that clearly show:</p> <ul style="list-style-type: none"> <li>a) Project boundary and project vicinity, including county and school district boundaries</li> <li>b) Qualified investment including location of tangible personal property to be placed in service during the qualifying time period and buildings to be constructed during the qualifying time period</li> <li>c) Qualified property including location of new buildings or new improvements</li> <li>d) Any existing property within the project area</li> <li>e) Any facilities owned or operated by the applicant having interconnections to the proposed project</li> <li>f) Location of project, and related nearby projects within vicinity map</li> <li>g) Reinvestment or Enterprise Zone within vicinity map, showing the actual or proposed boundaries and size</li> </ul> <p><b>Note:</b> Maps should be high resolution files. Include map legends/markers.</p>
12	Request for Waiver of Job Creation Requirement and supporting information <i>(if applicable)</i>
13	Calculation of non-qualifying wage target and two possible qualifying job wage requirements with TWC documentation
14	Schedules A1, A2, B, and C completed and signed Economic Impact <i>(if applicable)</i>
15	Economic Impact Analysis, other payments made in the state or other economic information <i>(if applicable)</i>
16	<p>Description of Reinvestment or Enterprise Zone, including:</p> <ul style="list-style-type: none"> <li>a) evidence that the area qualifies as an enterprise zone as defined by the Governor's Office</li> <li>b) legal description of reinvestment zone</li> <li>c) order, resolution or ordinance establishing the reinvestment zone</li> <li>d) guidelines and criteria for creating the zone</li> </ul>
17	Signature and Certification page, signed and dated by Authorized School District Representative and Authorized Company Representative <i>(applicant)</i>

## Application for Appraised Value Limitation on Qualified Property

(Tax Code, Chapter 313, Subchapter B or C)

**INSTRUCTIONS:** This application must be completed and filed with the school district. In order for an application to be processed, the governing body (school board) must elect to consider an application, but — by Comptroller rule — the school board may elect to consider the application only after the school district has received a completed application. Texas Tax Code, Section 313.025 requires that any completed application and any supplemental materials received by the school district must be forwarded within seven days to the Texas Comptroller of Public Accounts.

If the school board elects to consider the application, the school district must:

- notify the Comptroller that the school board has elected to consider the application. This notice must include:
  - the date on which the school district received the application;
  - the date the school district determined that the application was complete;
  - the date the school board decided to consider the application; and
  - a request that the Comptroller prepare an economic impact analysis of the application;
- provide a copy of the notice to the appraisal district;
- must complete the sections of the application reserved for the school district and provide information required in the Comptroller rules located at 34 Texas Administrative Code (TAC) Section 9.1054; and
- forward the completed application to the Comptroller, separating each section of the documents. See 34 TAC Chapter 9, Subchapter F.

The governing body may, at its discretion, allow the applicant to supplement or amend the application after the filing date, subject to the restrictions in 34 TAC Chapter 9, Subchapter F.

When the Comptroller receives the notice and required information from the school district, and has determined that all assertions of confidentiality are appropriate, the Comptroller will publish all submitted non-confidential application materials on its website. The Comptroller is authorized to treat some application information as confidential and withhold it from publication on the Internet. To do so, however, the information must be segregated and comply with the other requirements set out in the Comptroller's rules. For more information, see guidelines on Comptroller's website.

The Comptroller will independently determine whether the application has been completed according to the Comptroller's rules (34 TAC Chapter 9, Subchapter F). If the Comptroller finds the application is not complete, the Comptroller will request additional materials from the school district. Pursuant to 9.1053(a)(1)(C), requested information shall be provided within 20 days of the date of the request. When the Comptroller determines that the application is complete, it will send the school district a notice indicating so. The Comptroller will determine the eligibility of the project and issue a certificate for a limitation on appraised value to the school board regarding the application by the 90th day after the Comptroller receives a complete application—as determined by the Comptroller.

The school board must approve or disapprove the application not later than the 150th day after the application review start date (the date the application is finally determined to be complete by the Comptroller), unless an extension is granted. The Comptroller and school district are authorized to request additional information from the applicant that is reasonably necessary to issue a certificate, complete the economic impact evaluation or consider the application at any time during the application review period.

Please visit the Comptroller's website to find out more about the program at [comptroller.texas.gov/economy/local/ch313/](http://comptroller.texas.gov/economy/local/ch313/). There are links to the Chapter 313 statute, rules, guidelines and forms. Information about minimum limitation values for particular districts and wage standards may also be found at that site.

### SECTION 1: School District Information

#### 1. Authorized School District Representative

Date Application Received by District

Dr Stuart

Kieschnick

First Name

Last Name

Superintendent

Title

Nederland Independent School District

School District Name

220 17th Street, Nederland, TX 77627

Street Address

220 17th Street

Mailing Address

Nederland

TX

77627

City

State

ZIP

(409) 724-2391

(409) 724-4280

Phone Number

Fax Number

NA

eccessna@nederlandisd.org

Mobile Number (optional)

Email Address

2. Does the district authorize the consultant to provide and obtain information related to this application? .....



Yes



No

SECTION 1: School District Information (continued)

3. Authorized School District Consultant (If Applicable)

Form fields for Authorized School District Consultant including First Name (Mali), Last Name (Hanley), Title (Consultant), Firm Name, Phone Number, Fax Number, Mobile Number, and Email Address (Mhanley@808west.com).

4. On what date did the district determine this application complete? .....

SECTION 2: Applicant Information

1. Authorized Company Representative (Applicant)

Form fields for Authorized Company Representative including First Name (David), Last Name (Ngo), Title (Director, Property Tax), Organization (Air Liquide Large Industries US LP), Street Address, Mailing Address, City, State (TX), ZIP (77024), Phone Number, Fax Number, Mobile Number, and Business Email Address (davidm.ngo@airliquide.com).

2. Will a company official other than the authorized company representative be responsible for responding to future information requests? ...  Yes  No

2a. If yes, please fill out contact information for that person.

Form fields for contact information of other company official including First Name (NA), Last Name (NA), Title (NA), Organization (NA), Street Address (NA), Mailing Address (NA), City (NA), State (NA), ZIP (NA), Phone Number (NA), Fax Number (NA), Mobile Number (optional), and Business Email Address.

3. Does the applicant authorize the consultant to provide and obtain information related to this application? ...  Yes  No

**SECTION 2: Applicant Information (continued)**

**4. Authorized Company Consultant (If Applicable)**

NA	NA
First Name	Last Name
NA	
Title	
NA	
Firm Name	
NA	NA
Phone Number	Fax Number
NA	
Business Email Address	

**SECTION 3: Fees and Payments**

1. Has an application fee been paid to the school district?  Yes  No

The total fee shall be paid at the same time the application is submitted to the school district. Any fees not accompanying the original application shall be considered supplemental payments.

1a. If yes, include all transaction information below. Include proof of application fee paid to the school district in **Tab 2**. Any confidential banking information provided will not be publicly posted.

Payment Amount	Transaction Type
Air Liquide Large Industries US LP	Nederland Independent School District
Payor	Payee

Date transaction was processed

For the purpose of questions 2 and 3, "payments to the school district" include any and all payments or transfers of things of value made to the school district or to any person or persons in any form if such payment or transfer of thing of value being provided is in recognition of, anticipation of, or consideration for the agreement for limitation on appraised value.

2. Will any "payments to the school district" that you may make in order to receive a property tax value limitation agreement result in payments that are not in compliance with Tax Code §313.027(i)?  Yes  No  N/A

3. If "payments to the school district" will only be determined by a formula or methodology without a specific amount being specified, could such method result in "payments to the school district" that are not in compliance with Tax Code §313.027(i)?  Yes  No  N/A

**SECTION 4: Business Applicant Information**

1. What is the legal name of the applicant under which this application is made? Air Liquide Large Industries US LP

2. Texas Taxpayer I.D. number of entity subject to Tax Code, Chapter 171 (11 digits) 32035542425

3. Parent Company Name NA

4. Parent Company Tax ID NA

5. NAICS code 325120

6. Is the applicant a party to any other pending or active Chapter 313 agreements?  Yes  No

6a. If yes, please list application number, name of school district and year of agreement  
#1469 Ingleside ISD, #1308 Bay City ISD, #354 Port Neches ISD

**SECTION 5: Applicant Business Structure**

1. Business Organization of Applicant (corporation, limited liability corporation, etc) Limited Partnership

2. Is applicant a combined group, or comprised of members of a combined group, as defined by Tax Code §171.0001(7)?  Yes  No

2a. If yes, attach in **Tab 3 a** a copy of the most recently submitted Texas Comptroller Franchise Tax Form No. 05-165, No. 05-166, or any other documentation from the Franchise Tax Division to demonstrate the applicant's combined group membership and contact information.

**SECTION 5: Applicant Business Structure (continued)**

2b. Texas Franchise Tax Reporting Entity Taxpayer Name  
Air Liquide Large Industries US LP

2c. Reporting Entity Taxpayer Number  
32035542425

3. Is the applicant current on all tax payments due to the State of Texas?  Yes  No
4. Are all applicant members of the combined group current on all tax payments due to the State of Texas?  Yes  No  N/A

**SECTION 6: Eligibility Under Tax Code Chapter 313.024**

1. Are you an entity subject to the tax under Tax Code, Chapter 171?  Yes  No
2. The property will be used for one of the following activities:
- (1) manufacturing  Yes  No
  - (2) research and development  Yes  No
  - (3) a clean coal project, as defined by Section 5.001, Water Code  Yes  No
  - (4) an advanced clean energy project, as defined by Section 382.003, Health and Safety Code  Yes  No
  - (5) renewable energy electric generation  Yes  No
  - (6) electric power generation using integrated gasification combined cycle technology  Yes  No
  - (7) nuclear electric power generation  Yes  No
  - (8) a computer center that is used as an integral part or as a necessary auxiliary part for the activity conducted by applicant in one or more activities described by Subdivisions (1) through (7)  Yes  No
  - (9) a Texas Priority Project, as defined by 313.024(e)(7) and TAC 9.1051\*  Yes  No
3. Are you requesting that any of the land be classified as qualified investment?  Yes  No
4. Will any of the proposed qualified investment be leased under a capitalized lease?  Yes  No
5. Will any of the proposed qualified investment be leased under an operating lease?  Yes  No
6. Are you including property that is owned by a person other than the applicant?  Yes  No
7. Will any property be pooled or proposed to be pooled with property owned by the applicant in determining the amount of your qualified investment?  Yes  No

**\*Note:** Applicants requesting eligibility under this category should note that there are additional application and reporting data submission requirements.

**SECTION 7: Project Description**

1. In **Tab 4**, attach a detailed description of the scope of the proposed project, including, at a minimum, the type and planned use of real and tangible personal property, the nature of the business, a timeline for property construction or installation, and any other relevant information. If the project is an amendment or a reapplication please specify and provide details regarding the original project.
2. Check the project characteristics that apply to the proposed project:
- Land has no existing improvements
  - Land has existing improvements (complete Section 13)
  - Expansion of existing operation on the land (complete Section 13)
  - Relocation within Texas

SECTION 8: Limitation as Determining Factor

1. Does the applicant currently own the land on which the proposed project will occur?  Yes  No
2. Has the applicant entered into any agreements, contracts or letters of intent related to the proposed project?  Yes  No
3. Does the applicant have current business activities at the location where the proposed project will occur?  Yes  No
4. Has the applicant made public statements in SEC filings or other documents regarding its intentions regarding the proposed project location?  Yes  No
5. Has the applicant received any local or state permits for activities on the proposed project site?  Yes  No
6. Has the applicant received commitments for state or local incentives for activities at the proposed project site?  Yes  No
7. Is the applicant evaluating other locations not in Texas for the proposed project?  Yes  No
8. Has the applicant provided capital investment or return on investment information for the proposed project in comparison with other alternative investment opportunities?  Yes  No
9. Has the applicant provided information related to the applicant's inputs, transportation and markets for the proposed project?  Yes  No
10. Are you submitting information to assist in the determination as to whether the limitation on appraised value is a determining factor in the applicant's decision to invest capital and construct the project in Texas?  Yes  No

Chapter 313.026(e) states "the applicant may submit information to the Comptroller that would provide a basis for an affirmative determination under Subsection (c)(2)." If you answered "yes" to any of the questions in Section 8, attach supporting information in Tab 5.

SECTION 9: Projected Timeline

NOTE: Only construction beginning after the application review start date (the date the Texas Comptroller of Public Accounts deems the application complete) can be considered qualified property and/or qualified investment.

1. Estimated school board ratification of final agreement 09/30/2022
2. Estimated commencement of construction 4/15/2024
3. Beginning of qualifying time period (MM/DD/YYYY) 4/15/2024
4. First year of limitation (YYYY) 2026

4a. For the beginning of the limitation period, notate which one of the following will apply according to provision of 313.027(a-1)(2):

- A. January 1 following the application date       B. January 1 following the end of QTP
- C. January 1 following the commencement of commercial operations

5. Commencement of commercial operations April 2025

SECTION 10: The Property

1. County or counties in which the proposed project will be located Jefferson
2. Central Appraisal District (CAD) that will be responsible for appraising the property Jefferson County Appraisal District
3. Will this CAD be acting on behalf of another CAD to appraise this property?  Yes  No

4. List all taxing entities that have jurisdiction for the property, the portion of project within each entity and tax rates for each entity:

M&O (ISD): <u>.9634, 100%</u> <small>(Name, tax rate and percent of project)</small>	I&S (ISD): <u>.2153, 100%</u> <small>(Name, tax rate and percent of project)</small>
County: <u>.363184, 100%</u> <small>(Name, tax rate and percent of project)</small>	City: _____ <small>(Name, tax rate and percent of project)</small>
Hospital District: <u>NA</u> <small>(Name, tax rate and percent of project)</small>	Water District: <u>Water District #10, .325358 100%</u> <small>(Name, tax rate and percent of project)</small>
Other (describe): <u>Drainage District #7, .28775 100%</u> <small>(Name, tax rate and percent of project)</small>	Other (describe): <u>Sabine-Neches NAV Dist, .092067 100%</u> <small>(Name, tax rate and percent of project)</small>

**SECTION 10: The Property (continued)**

5. List all state and local incentives as an annual percentage. Include the estimated start and end year of the incentive:

County: <u>Jefferson County-TBD</u> <small>(Incentive type, percentage, start and end year)</small>	City: _____ <small>(Incentive type, percentage, start and end year)</small>
Hospital District: _____ <small>(Incentive type, percentage, start and end year)</small>	Water District: <u>Water District #10-TBD</u> <small>(Incentive type, percentage, start and end year)</small>
Other (describe): <u>Drainae District #7 - TBD</u> <small>(Incentive type, percentage, start and end year)</small>	Other (describe): <u>Sabine-Neches NAV Dist.-TBD</u> <small>(Incentive type, percentage, start and end year)</small>

6. Is the project located entirely within the ISD listed in Section 1?  Yes  No
- 6a. If no, attach in **Tab 6** maps of the entire project (depicting all other relevant school districts) and additional information on the project scope and size. Please note that only the qualified property within the ISD listed in Section 1 is eligible for the limitation from this application. Please verify that all information in **Tabs 7 and 8**, Section 11, 12 and 13, and map project boundaries pertain to only the property within the ISD listed in Section 1.
7. Did you receive a determination from the Texas Economic Development and Tourism Office that this proposed project and at least one other project seeking a limitation agreement constitute a single unified project (SUP), as allowed in §313.024(d-2)?  Yes  No
- 7a. If yes, attach in **Tab 6** supporting documentation from the Office of the Governor.

**SECTION 11: Texas Tax Code 313.021(1) Qualified Investment**

**NOTE:** The minimum amount of qualified investment required to qualify for an appraised value limitation and the minimum amount of appraised value limitation vary depending on whether the school district is classified as Subchapter B or Subchapter C, and the taxable value of the property within the school district. For assistance in determining estimates of these minimums, access the Comptroller's website at [comptroller.texas.gov/economy/local/ch313/](http://comptroller.texas.gov/economy/local/ch313/).

1. At the time of application, what is the estimated minimum qualified investment required for this school district? \$ 30,000,000.00
2. What is the amount of appraised value limitation for which you are applying? \$ 30,000,000.00

**Note:** The property value limitation amount is based on property values available at the time of application and may change prior to the execution of any final agreement.

3. Does the qualified investment meet the requirements of Tax Code §313.021(1)?  Yes  No
4. Attach a description of the qualified investment [See §313.021(1).] The description must include:
- a. a specific and detailed description of the qualified investment you propose to make within the project boundary for which you are requesting an appraised value limitation as defined by Tax Code §313.021 (**Tab 7**);
  - b. a description of any new buildings, proposed new improvements or personal property which you intend to include as part of your minimum qualified investment (**Tab 7**); and
  - c. a detailed map of the qualified investment showing location of tangible personal property to be placed in service during the qualifying time period and buildings to be constructed during the qualifying time period, with vicinity map (**Tab 11**).
5. Do you intend to make at least the minimum qualified investment required by Tax Code §313.023 (or §313.053 for Subchapter C school districts) for the relevant school district category during the qualifying time period?  Yes  No

**SECTION 12: Texas Tax Code 313.021(2) Qualified Property**

1. Attach a detailed description of the qualified property. [See §313.021(2)] The description must include:
- 1a. a specific and detailed description of the qualified property for which you are requesting an appraised value limitation as defined by Tax Code §313.021 (**Tab 8**);
  - 1b. a description of any new buildings, proposed new improvements or personal property which you intend to include as part of your qualified property (**Tab 8**);
  - 1c. a map or site plan of the proposed qualified property showing the location of the new buildings or new improvements inside the project area boundaries within a vicinity map that includes school district, county and reinvestment zone boundaries (**Tab 11**); and
  - 1d. Will any of the proposed qualified property be used to renovate, refurbish, upgrade, maintain, modify, improve, or functionally replace existing buildings or existing improvements inside or outside the project area?  Yes  No
- Note:** Property used to renovate, refurbish, upgrade, maintain, modify, improve, or functionally replace existing buildings or existing improvements inside or outside the project area cannot be considered qualified property and will not be eligible for a limitation. See TAC §9.1051(16).

SECTION 12: Texas Tax Code 313.021(2) Qualified Property (continued)

2. Is the land upon which the new buildings or new improvements will be built part of the qualified property described by §313.021(2)(A)?  Yes  No
- 2a. If yes, attach complete documentation including:
- a. legal description of the land (Tab 9);
  - b. each existing appraisal parcel number of the land on which the new improvements will be constructed, regardless of whether or not all of the land described in the current parcel will become qualified property (Tab 9);
  - c. owner (Tab 9);
  - d. the current taxable value of the land, attach estimate if land is part of larger parcel (Tab 9); and
  - e. a detailed map showing the location of the land with vicinity map (Tab 11).
3. Is the land on which you propose new construction or new improvements currently located in an area designated as a reinvestment zone under Tax Code Chapter 311 or 312 or as an enterprise zone under Government Code Chapter 2303?  Yes  No
- 3a. If yes, attach the applicable supporting documentation:
- a. evidence that the area qualifies as an enterprise zone as defined by the Governor's Office (Tab 16);
  - b. legal description of reinvestment zone (Tab 16);
  - c. order, resolution or ordinance establishing the reinvestment zone (Tab 16);
  - d. guidelines and criteria for creating the zone (Tab 16); and
  - e. a map of the reinvestment zone or enterprise zone boundaries with vicinity map (Tab 11)
- 3b. If no, submit detailed description of proposed reinvestment zone or enterprise zone with a map indicating the boundaries of the zone on which you propose new construction or new improvements to the Comptroller's office within 30 days of the application date.
- What is the anticipated date on which you will submit final proof of a reinvestment zone or enterprise zone? 3rd Quarter 2022

SECTION 13: Information on Property Not Eligible to Become Qualified Property

1. In Tab 10, attach a specific and detailed description of all existing property within the project boundary. This includes buildings and improvements existing as of the application review start date (the date the application is determined to be complete by the Comptroller). The description must provide sufficient detail to locate all existing property on the land that will be subject to the agreement and distinguish existing property from future proposed property.
2. In Tab 10, attach a specific and detailed description of all proposed new property within the project boundary that will not become new improvements as defined by TAC 9.1051. This includes proposed property that: functionally replaces existing or demolished/removed property; is used to maintain, refurbish, renovate, modify or upgrade existing property; or is affixed to existing property; or is otherwise ineligible to become qualified property. The description must provide sufficient detail to distinguish existing property (statement 1) and all proposed new property that cannot become qualified property from proposed qualified property that will be subject to the agreement (as described in Section 12 of this application).
3. For the property not eligible to become qualified property within the project boundary in response to statements 1 and 2 of this section, provide the following supporting information in Tab 10:
- a. maps and/or detailed site plan;
  - b. surveys;
  - c. appraisal district values and parcel numbers;
  - d. inventory lists;
  - e. existing and proposed property lists;
  - f. model and serial numbers of existing property; or
  - g. other information of sufficient detail and description.
4. Total estimated market value of existing property within the project boundary (that property described in response to statement 1): ..... \$ 18,426,812.00
5. In Tab 10, include an appraisal value by the CAD of all the buildings and improvements existing as of a date within 15 days of the date the application is received by the school district.
6. Total estimated market value of proposed property not eligible to become qualified property (that property described in response to statement 2): ..... \$ 0.00

Note: Investment for the property listed in statement 2 may count towards qualified investment in Column C of Schedules A-1 and A-2, if it meets the requirements of 313.021(1). Such property **cannot** become qualified property on Schedule B.

SECTION 14: Wage and Employment Information

1. What is the number of new qualifying jobs you are committing to create? ..... 3
2. What is the number of new non-qualifying jobs you are estimating you will create? (See TAC 9.1051(14)) ..... 0
3. Do you intend to request that the governing body waive the minimum new qualifying job creation requirement, as provided under Tax Code §313.025(f-1)? .....  Yes  No
  - 3a. If yes, attach evidence of industry standard in **Tab 12** documenting that the new qualifying job creation requirement above exceeds the number of employees necessary for the operation, according to industry standards.
4. Attach in **Tab 13** the four most recent quarters of data for each wage calculation below, including documentation from the Texas Workforce Commission website. The final actual statutory minimum annual wage requirement for the applicant for each qualifying job — which may differ slightly from this estimate — will be based on information available at the time of the application review start date (date of a completed application). See TAC §9.1051(21) and (22). **Note:** If a more recent quarter of information becomes available before the application is deemed complete, updated wage information will be required.
  - a. Non-qualified job wages  
- average weekly wage for all jobs (all industries) in the county is ..... \_\_\_\_\_
  - b. Qualifying job wage minimum option §313.021(5)(A)  
-110% of the average weekly wage for manufacturing jobs in the county is ..... \$ 2,343.00
  - c. Qualifying job wage minimum option §313.021(5)(B)  
-110% of the average weekly wage for manufacturing jobs in the region is ..... \$ 1,205.00
5. Which Tax Code section are you using to estimate the qualifying job wage standard required for this project? .....  §313.021(5)(A) or  §313.021(5)(B)
6. What is the minimum required annual wage for each qualifying job based on the qualified property? ..... \$ 62,653.00
7. What is the annual wage you are committing to pay for each of the new qualifying jobs you create on the qualified property? ..... \$ 62,653.00
8. Will the qualifying jobs meet all minimum requirements set out in Tax Code §313.021(3)? .....  Yes  No
9. Do you intend to satisfy the minimum qualifying job requirement through a determination of cumulative economic benefits to the state as provided by §313.021(3)(F)? .....  Yes  No
  - 9a. If yes, attach in **Tab 13** supporting documentation from the TWC, pursuant to §313.021(3)(F).
10. Do you intend to rely on the project being part of a single unified project, as allowed in §313.024(d-2), in meeting the qualifying job requirements? .....  Yes  No
  - 10a. If yes, attach in **Tab 6** supporting documentation including a list of qualifying jobs in the other school district(s).

SECTION 15: Economic Impact

1. Complete and attach Schedules A1, A2, B, and C in **Tab 14**. **Note:** Excel spreadsheet versions of schedules are available for download and printing at URL listed below.
2. Attach an Economic Impact Analysis, if supplied by an entity other than the Comptroller's office, in **Tab 15**. (*not required*)
3. If there are any other payments made in the state or economic information that you believe should be included in the economic analysis, attach a separate schedule showing the amount for each year affected, including an explanation, in **Tab 15**.

SECTION 16: Authorized Signatures and Applicant Certification

After the application and schedules are complete, an authorized representative from the school district and the business should review the application documents and complete this authorization page. Attach the completed authorization page in Tab 17.

NOTE: If you amend your application, you will need to obtain new signatures and resubmit this page, Section 16, with the amendment request.

1. Authorized School District Representative Signature

I am the authorized representative for the school district to which this application is being submitted. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code.

print here

Print Name (Authorized School District Representative)

Title

sign here

Signature (Authorized School District Representative)

Date

2. Authorized Company Representative (Applicant) Signature and Notarization

I am the authorized representative for the business entity for the purpose of filing this application. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code. The information contained in this application and schedules is true and correct to the best of my knowledge and belief.

I hereby certify and affirm that the business entity I represent is in good standing under the laws of the state in which the business entity was organized and that no delinquent taxes are owed to the State of Texas.

print here

David Ngo

Director, Property Tax

Print Name (Authorized Company Representative (Applicant))

Title

sign here

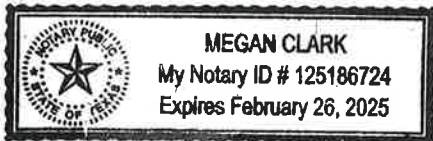
Signature (Authorized Company Representative (Applicant))

Date

5-6-22

GIVEN under my hand and seal of office this, the

day of



(Notary Seal)

Megan Clark  
Notary Public in and for the State of Texas

My Commission expires:

2-26-25

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

**TAB 3**

**Documentation of Combined Group membership under Texas Tax Code 171.0001(7), history of tax default, delinquencies and/or material litigation(if applicable)**

**(Please see attached)**



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: **3 2 0 3 5 5 4 2 4 2 5**
 Report year: **2 0 2 1**

*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.*

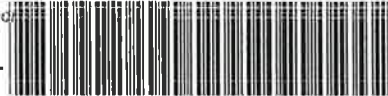
Taxpayer name: **AIR LIQUIDE LARGE INDUSTRIES US LP**  Blacken circle if the mailing address has changed.  
 Mailing address: **9811 KATY FREEWAY, SUITE 100**  
 City: **HOUSTON** State: **TX** ZIP code plus 4: **77024-1274**  
 Secretary of State (SOS) file number or Comptroller file number: **0800387095**

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: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**  
 Principal place of business: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3203554242521

Name	Title	Director	Term expiration
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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
<b>AL LIP CORPORATION</b>	<b>DE</b>	<b>0800218778</b>	<b>100</b>
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.

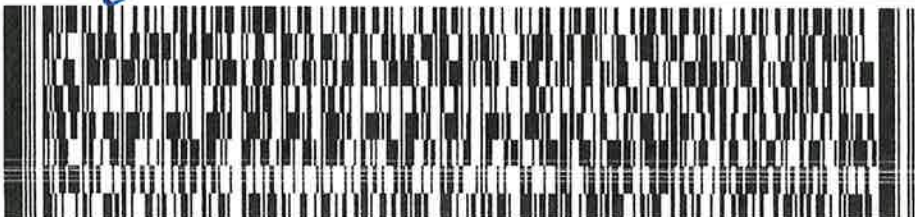
Name of owned (parent) corporation, LLC, LP, PA or financial institution: **AIR LIQUIDE LI LP LLC** State of formation: **DE** Texas SOS file number, if any: **99.1** Percentage of ownership: **99.1**  
 Registered agent and registered office currently on file (see instructions if you need to make changes):  
 Agent: **CAPITOL CORPORATE SERVICES, INC.** *You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.*  
 Office: **206 E. 9TH STREET, SUITE 1300** City: **AUSTIN** State: **TX** ZIP Code: **78701**

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:  Title: **ASST. SECRETARY** Date: **11/12/2021** Area code and phone number: **(713) 402-2211**

**Texas Comptroller Official Use Only**



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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				
3	2	0	6	1	5	8	3	2	3	6	2	0	2	1

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 <b>AMERICAN AIR LIQUIDE INC.</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3206158323621

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0801356182</b>	Percentage of ownership <b>97.33</b>
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 <b>AIR LIQUIDE INTERNATIONAL S.A.</b>	State of formation <b>FOREIGN</b>	Texas SOS file number, if any	Percentage of ownership <b>100</b>
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Registered agent and registered office currently on file (see instructions if you need to make changes). You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

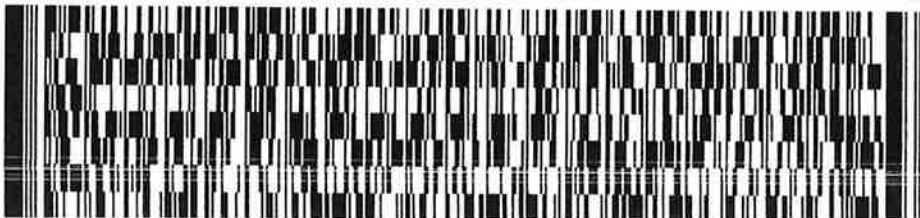
Agent:	City	State	ZIP Code
Office:			

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.

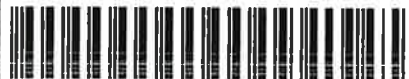
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

1	7	5	3	1	7	4	7	4	7	9	2	0	2	1
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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 <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0801356182</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.**



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1753174747921

Name	Title	Director	Term expiration
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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
<b>SEE ATTACHED</b>			
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
<b>AMERICAN AIR LIQUIDE</b>	<b>DE</b>		<b>97.33</b>

Registered agent and registered office currently on file (see instructions if you need to make changes)  
Agent: **CAPITOL CORPORATE SERVICES, INC.** You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: <b>206E. 9TH STREET, SUITE 1300</b>	City: <b>AUSTIN</b>	State: <b>TX</b>	ZIP Code: <b>78701</b>
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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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2024</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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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

1	6	2	0	9	9	8	9	3	2	2	2	0	2	1
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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 <b>LURGI, INC.</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0010012506</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1620998932221

Name	Title	Director	Term expiration
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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

**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
<b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	<b>DE</b>	<b>0801356182</b>	<b>100</b>

Registered agent and registered office currently on file: (see instructions if you need to make changes)  
Agent: **CAPITOL CORPORATE SERVICES, INC.**

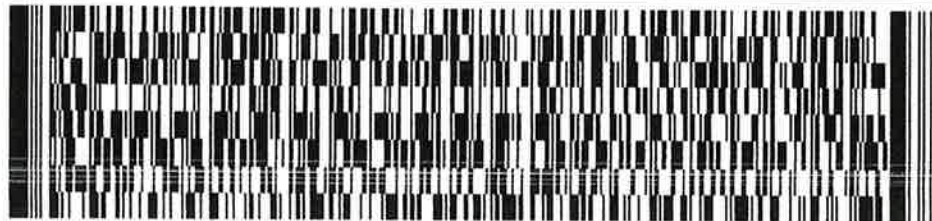
Office: **206 E. 9TH STREET, SUITE 1300** City: **AUSTIN** State: **TX** ZIP Code: **78701**

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

1	8	1	0	6	0	9	0	2	7	9	2	0	2	1
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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 <b>AIR LIQUIDE HELIUM AMERICA, INC.</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0800342342</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1810609027921

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0801356182</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2011</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

1	7	6	0	4	8	7	7	8	6	4	2	0	2	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 <b>AIR LIQUIDE GLOBAL E&amp;C SOLUTIONS US INC.</b>			<input type="checkbox"/> Blacken circle if the mailing address has changed.
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>			Secretary of State (SOS) file number or Comptroller file number
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0010800306</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1760487786421

Name	Title	Director	Term expiration
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AIR LIQUIDE GLOBAL E&amp;C SOLUTIONS MEXICO LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any	Percentage of ownership <b>100</b>
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.

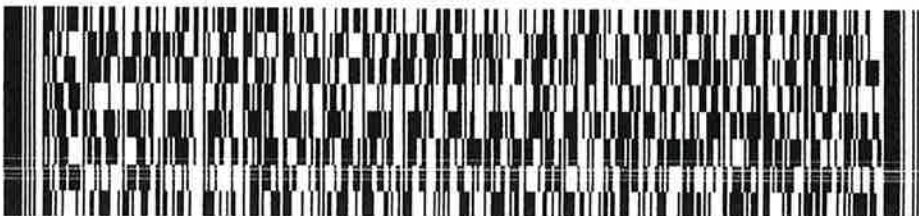
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0801356182</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>			
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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05-102  
(Rev. 9-15/32)

# 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: **1 6 8 0 5 5 4 6 5 9 1**

■ Report year: **2 0 2 1**

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: **AL LIP CORPORATION**

Mailing address: **9811 KATY FREEWAY, SUITE 100**

City: **HOUSTON** State: **TX** ZIP code plus 4: **77024-1274**

Secretary of State (SOS) file number or Comptroller file number: **0800218778**

○ 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: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

Principal place of business: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1680554659121

Name <b>SEE ATTACHED</b>	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AIR LIQUIDE LARGE INDUSTRIES US LP</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0800387095</b>	Percentage of ownership <b>100</b>
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **CAPITOL CORPORATE SERVICES, INC.**

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

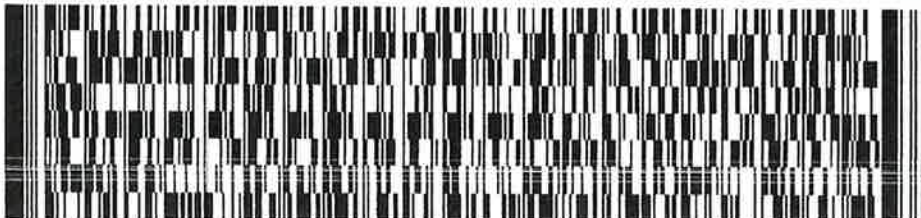
Office: **206 E. 9TH STREET, SUITE 1300** City: **AUSTIN** State: **TX** ZIP Code: **78701**

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  Title: **ASST. SECRETARY** Date: **11/12/2021** Area code and phone number: **(713) 402-2211**

**Texas Comptroller Official Use Only**



VE/DE  PIR IND





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

1 7 6 0 6 8 2 3 2 0 5

2 0 2 1

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 <b>OWC CORPORATION</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0013877806</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1780682320521

Name	Title	Director	Term expiration
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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

**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.

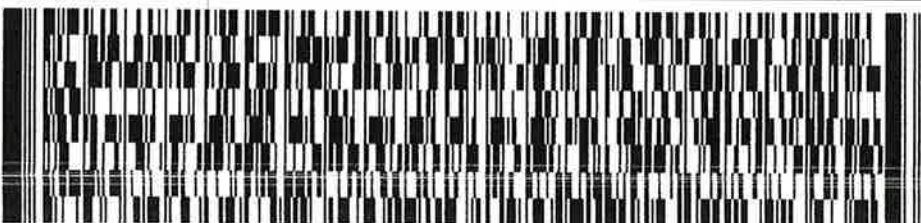
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AL AMERICA HOLDINGS, INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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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

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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 <b>AIR LIQUIDE ELECTRONICS US LP</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0800415755</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.**



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1550884195221

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AIR LIQUIDE ARTESIA, LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any	Percentage of ownership <b>100</b>
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.

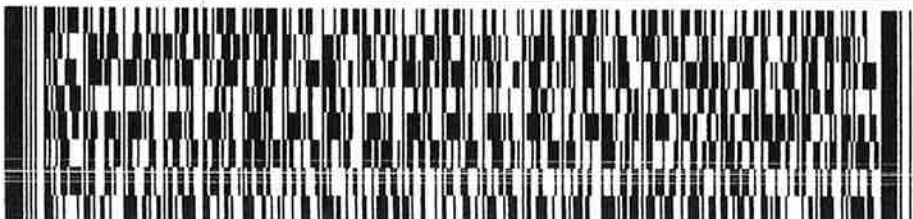
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AIR LIQUIDE ELECTRONICS LP LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any	Percentage of ownership <b>99.1</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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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: **1 5 5 0 8 8 4 1 8 3 8**

■ Report year: **2 0 2 1**

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: **AIR LIQUIDE ELECTRONICS GP LLC**

Mailing address: **9811 KATY FREEWAY, SUITE 100**

City: **HOUSTON** State: **TX** ZIP code plus 4: **77024-1274**

Secretary of State (SOS) file number or Comptroller file number: **0800415675**

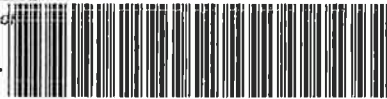
○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

Principal place of business: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1550884183821

Name	Title	Director	Term expiration
SEE ATTACHED		<input type="radio"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="radio"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="radio"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**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

**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
<b>AIR LIQUIDE USA LP</b>	<b>DE</b>		<b>100</b>

Registered agent and registered office currently on file (see instructions if you need to make changes).  
Agent: **CAPITOL CORPORATE SERVICES, INC.**

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

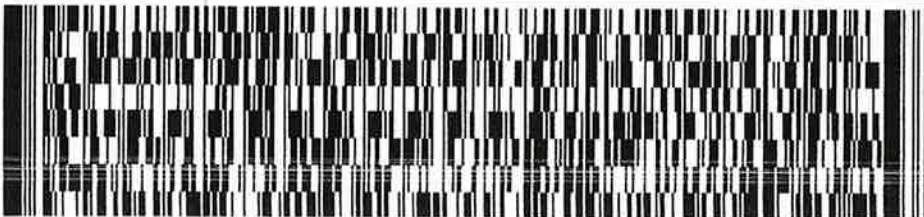
Office: **206 E. 9TH STREET, SUITE 1300** City: **AUSTIN** State: **TX** ZIP Code: **78701**

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.

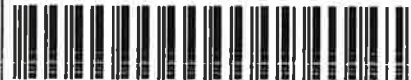
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here:  Title: **ASST. SECRETARY** Date: **11/12/2021** Area code and phone number: **(713) 402-2211**

**Texas Comptroller Official Use Only**



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# 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

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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 <b>AIR LIQUIDE USA LLC</b>			<input type="checkbox"/> Blacken circle if the mailing address has changed.		
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>			Secretary of State (SOS) file number or Comptroller file number <b>0800471110</b>		
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>			

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.**



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1770651290621

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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.

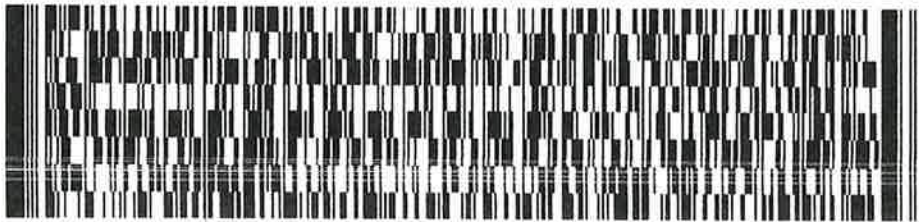
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0801356182</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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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: **1 4 2 1 6 7 1 9 9 8 0**      ■ Report year: **2 0 2 1**

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: **AIR LIQUIDE ADVANCED TECHNOLOGIES US LLC**       Blacken circle if the mailing address has changed.

Mailing address: **9811 KATY FREEWAY, SUITE 100**      Secretary of State (SOS) file number or Comptroller file number: **0800608680**

City: **HOUSTON**      State: **TX**      ZIP code plus 4: **77024-1274**

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: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

Principal place of business: **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1421671998021

Name	Title	Director	Term expiration
SEE ATTACHED		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
Mailing address	City	State	ZIP Code

**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
<b>POROGEN CORPORATION</b>	<b>MA</b>	<b>0801942899</b>	<b>100%</b>
<b>AIR LIQUIDE HYDROGEN ENERGY US LLC</b>	<b>DE</b>	<b>0803186365</b>	<b>100%</b>

**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
<b>AMERICAN AIR LIQUIDE HOLDINGS, INC.</b>	<b>DE</b>	<b>0801356182</b>	<b>100</b>

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


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

Agent: **CAPITOL CORPORATE SERVICES, INC.**

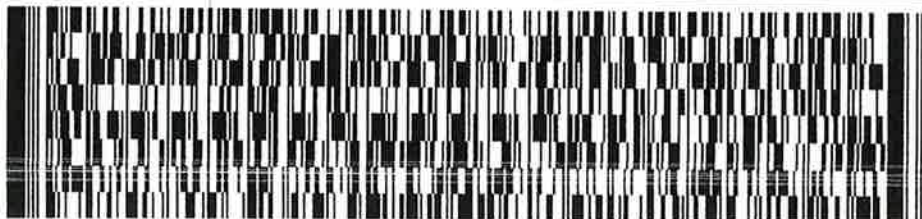
Office: **206 E. 9TH STREET, SUITE 1300**      City: **AUSTIN**      State: **TX**      ZIP Code: **78701**

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:       Title: **ASST. SECRETARY**      Date: **11/12/2021**      Area code and phone number: **(713) 402-2211**

**Texas Comptroller Official Use Only**



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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

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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 <b>ALIG LLC</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0800376516</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

1132837001721

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>SEE ATTACHED</b>	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.

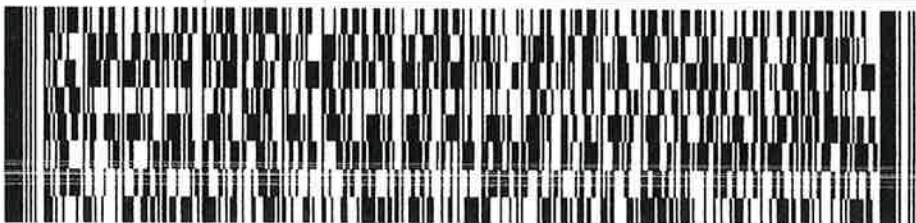
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>ALIG ACQUISITION LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0050306780</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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 <i>see [Signature]</i>	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>( 713 ) 402 - 2211</b>
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**Texas Comptroller Official Use Only**



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

1 3 4 2 0 0 4 2 7 0 0

■ Report year

2 0 2 1

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 <b>AIR LIQUIDE LI GP LLC</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number <b>0800387092</b>	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	1342004270021
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	
Mailing address	City	State	ZIP Code	

**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.

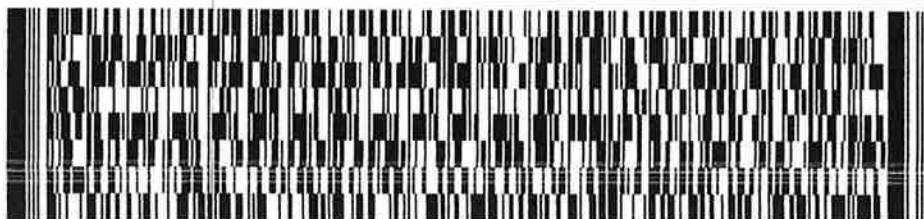
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AIR LIQUIDE USA LP</b>	State of formation <b>DE</b>	Texas SOS file number, if any	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

3	2	0	3	9	1	0	0	9	8	0	2	0	2	1
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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 <b>AIR LIQUIDE TECHNICAL SERVICES LLC</b>			<input type="checkbox"/> Blacken circle if the mailing address has changed.		
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>			Secretary of State (SOS) file number or Comptroller file number		
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0801098156</b>		

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.**



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3203910098021

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>SEE ATTACHED</b>		<input type="checkbox"/> YES							
Mailing address	City	State	ZIP Code						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="checkbox"/> YES							
Mailing address	City	State	ZIP Code						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="checkbox"/> YES							
Mailing address	City	State	ZIP Code						

**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

**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.

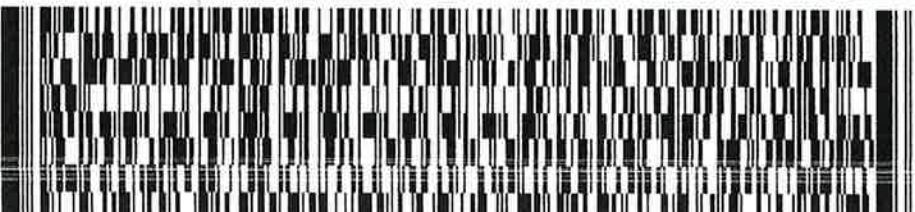
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0801356182</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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 <i>[Signature]</i>	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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 **3 2 0 6 2 2 9 1 0 7 8**      ■ Report year **2 0 2 1**

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 **AIR LIQUIDE ADVANCED MATERIALS INC.**       Blacken circle if the mailing address has changed.

Mailing address **9811 KATY FREEWAY, SUITE 100**      Secretary of State (SOS) file number or Comptroller file number

City **HOUSTON**      State **TX**      ZIP code plus 4 **77024-1274**

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 **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

Principal place of business **9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024**

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
SEE ATTACHED		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
Mailing address	City	State	ZIP Code

**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
<b>AIR LIQUIDE ADVANCED MATERIALS LLC</b>	<b>DE</b>		<b>100</b>
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
<b>AMERICAN AIR LIQUIDE HOLDINGS INC.</b>	<b>DE</b>	<b>0801356182</b>	<b>100</b>

Registered agent and registered office currently on file (see instructions if you need to make changes)  
Agent: **CAPITOL CORPORATE SERVICES, INC.**      You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: **206 E. 9TH STREET, SUITE 1300**      City **AUSTIN**      State **TX**      ZIP Code **78701**

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 *[Signature]*      Title **ASST. SECRETARY**      Date **11/12/2021**      Area code and phone number **(713) 402-2211**

**Texas Comptroller Official Use Only**



VE/DE       PIR IND





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

3	2	0	4	0	5	4	3	5	3	3	2	0	2	1
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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 <b>POROGEN CORPORATION</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>	<b>0801942899</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3204054353321

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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 <b>AIR LIQUIDE ADVANCED TECHNOLOGIES US LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0800608680</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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.

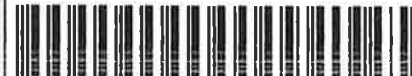
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

3 2 0 6 9 3 1 8 1 9 7

■ Report year

2 0 2 1

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 <b>AIR LIQUIDE HYDROGEN ENERGY US LLC</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.
Mailing address <b>9811 KATY FREEWAY, SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77024-1274</b>
		<b>0803186365</b>

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 <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>
Principal place of business <b>9811 KATY FREEWAY, SUITE 100, HOUSTON TX 77024</b>

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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3206931819721

Name <b>SEE ATTACHED</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**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.

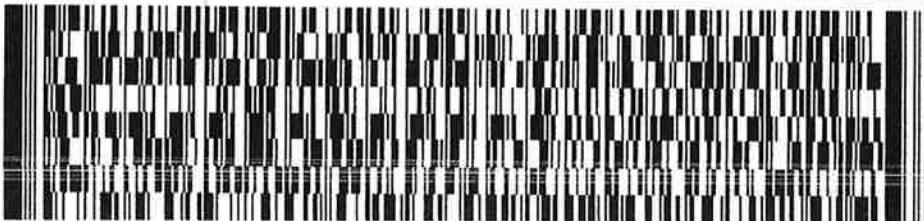
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>AIR LIQUIDE ADVANCED TECHNOLOGIES US LLC</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0800608680</b>	Percentage of ownership <b>100</b>
Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>			
Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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	Title <b>ASST. SECRETARY</b>	Date <b>11/12/2021</b>	Area code and phone number <b>(713) 402-2211</b>
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**Texas Comptroller Official Use Only**



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

Taxpayer number

Report year

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.

15607326483

2021

Taxpayer name Airgas, Inc.			<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address P.O. Box 6675			Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4j 9087	1560732648	

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 259 N. Radnor-Chester Rd.	Radnor	PA 19087
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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Marcelo Fioranelli	CEO	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
Frederic Bergeret	CFO	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
Andrew R. Cichocki	COO	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

**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
See Attached			
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
American Air Liquide Holdings, Inc.	TX	0801356182	100
Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.			
Agent: CT Corporation	Office: 206 E. 9th St. Suite 1300	City Austin	State TX ZIP Code 78701

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	JAMES E. COOK	Title VICE PRESIDENT	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

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

Taxpayer number  
18802594608

Report year  
2021

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.

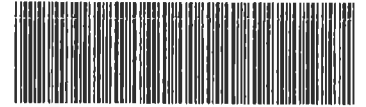
Taxpayer name RED-D-ARC, INC.		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address c/o Airgas, Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	1880259460

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 7060 Mableton Parkway SE	Mableton	GA 30126
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.



1880259460821

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Chris Lowrie	President	<input type="checkbox"/> YES	
Mailing address 667 South Service Road	City Grimsby	State CA	ZIP Code
Donald Steven Darroch	CEO	<input type="checkbox"/> YES	
Mailing address 667 South Service Road	City Grimsby	State CA	ZIP Code
Michelle Waddell	Controller	<input type="checkbox"/> YES	
Mailing address 667 South Service Road	City Grimsby	State CA	ZIP Code

**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

**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
Airgas, Inc.	DE	0001132080	100

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX	ZIP Code 75201
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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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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1023

### 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

Taxpayer number  
12025293742

Report year  
2021

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 AIRGAS SPECIALTY PRODUCTS, INC.			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address c/o Airgas, Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	0800491531

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 2530 Sever Rd. Suite 300	Lawrenceville GA 30043
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.



#### SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Joseph Patrick Sullivan Jr.	President	<input type="checkbox"/>	
Mailing address 2530 Sever Road, Suite 300	City Lawrenceville	State GA	ZIP Code 30043
Michael Dailey	Secretary	<input type="checkbox"/>	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
James E. Cook	Assistant Secretary	<input type="checkbox"/>	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

#### 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

#### 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
Airgas, Inc.	DE	0001132080	100
Registered agent and registered office currently on file. (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: CT Corporation System	Office: 350 N. St. Paul St.	City Dallas	State TX ZIP Code 75201

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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

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

Taxpayer number  
 12328407015

Report year  
 2021

**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 AIRGAS SAFETY, INC.		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address c/o Airgas, Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	1232840701

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 2501 Green Lane	Levittown PA 19057
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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Kerrie Sodano	President	<input type="checkbox"/> YES	
Mailing address 2501 Green Lane	City Levittown	State PA	ZIP Code 19057
Phillip Scott Knight	Controller	<input type="checkbox"/> YES	
Mailing address 2501 Green Lane	City Levittown	State PA	ZIP Code 19057
Michael Dailey	Secretary	<input type="checkbox"/> YES	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

**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

**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
Airgas, Inc.	DE	0001132080	100

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX	ZIP Code 75201
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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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

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

Taxpayer number

Report year

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.

17417249756

2021

Taxpayer name DiLo, Inc. (formerly The Dia-Log Company)			<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address c/o Airgas, Inc., P.O. Box 6675			Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	0007234006	

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 259 N. Radnor-Chester Road, Ste 100 Radnor PA 19087
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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Brian H. Wolf	President	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 3737 Worsham Avenue	City Long Beach	State CA	ZIP Code 90808
Tamara Saront-Elsner	Treasurer	<input type="checkbox"/> YES	m m d d y y
Mailing address 9811 Katy Freeway	City Houston	State TX	ZIP Code 77024
Michael Dailey	Secretary	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

**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

**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
Air Liquide America L.P.	DE	0800128871	100
Registered agent and registered office currently on file. (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX ZIP Code 75201

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	James E. Cook	Title Assistant Secret	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

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

Taxpayer number

Report year

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.

19426665097

2021

Taxpayer name Dye Oxygen Company			<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address c/o Airgas, Inc., P.O. Box 6675			Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	0034759800	

 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 259 N. Radnor-Chester Road	Radnor	PA 19087
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.

1942666509721

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
		<input checked="" type="checkbox"/> YES	m m d d y y
Brian H. Wolf	President	<input checked="" type="checkbox"/> YES	
Mailing address 3737 Worsham Avenue	City Long Beach	State CA	ZIP Code 90808
Tamara Saront-Eisner	Treasurer	<input type="checkbox"/> YES	
Mailing address 9811 Katy Highway	City Houston	State TX	ZIP Code 77024
Michael Dailey	Secretary	<input type="checkbox"/> YES	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

**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

**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
Air Liquide America, LP	DE	0800128871	100

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX	ZIP Code 75201
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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.

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sign here	James E. Cook	Title Assistant Secret	Date 1/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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1023

### 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

Taxpayer number

Report year

2021

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 AIRGAS USA, LLC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address C/O Airgas, Inc. P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	

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 259 N. RADNOR-CHESTER RD. STE. 100 RADNOR PA 19087
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.



**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Marcelo Fioranelli	CEO	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Rd Ste 100	City Radnor	State PA	ZIP Code 19087
Andrew Cichocki	President	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Rd Ste 100	City Radnor	State PA	ZIP Code 19087
Frederic Bergeret	CFO	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Rd Ste 100	City Radnor	State PA	ZIP Code 19087

**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
Calgaz International, LLC	DE		100
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
Airgas, Inc.	DE	0001132080	100
Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.			
Agent: CT Corporation	Office: 350 N. St Paul Street	City Dallas	State TX ZIP Code 75203

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	James E. Cook	Title Vice President	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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1023

### 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

Taxpayer number

Report year

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.

17316582356

2021

Taxpayer name ALA CP, LLC			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address c/o Airgas Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	

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 259 N. Radnor-Chester Road	Radnor	PA 19087
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.



1 7 3 1 6 5 8 2 3 5 6 2 1

#### SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Jerome Pelletan	President/CEO	<input type="checkbox"/> YES	
Mailing address 9811 Katy Freeway	City Houston	State TX	ZIP Code 77024
Frederic Bergeret	Treasurer	<input type="checkbox"/> YES	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
Michael Dailey	Secretary	<input type="checkbox"/> YES	
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

#### 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

#### 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
Airgas, Inc.	DE	0001132080	100

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation  
Office: 350 N. St. Paul St. City Dallas State TX ZIP Code 75201

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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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1023

### 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

Taxpayer number

Report year

2021

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.

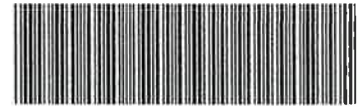
Taxpayer name ALA LP, LLC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address c/o Airgas Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	

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 259 N. Radnor-Chester Road	Radnor	PA 19087
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.



1 5 9 3 7 9 2 8 1 9 8 2 1

#### SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
William T Sanborn	President	<input type="checkbox"/> YES	m m d d y y
Mailing address 11900 NE 05th Street, Ste 400	City Vancouver	State WA	ZIP Code 98682
Frederic Bergeret	Treasurer	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
Michael Dailey		<input type="checkbox"/> YES	m m d d y y
Mailing address 259 N. Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087

#### 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

#### 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
Airgas, Inc.	DE	0001132080	

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX	ZIP Code 75201
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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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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1023

### 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

Taxpayer number

Report year

2021

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 Airgas Nitrogen Services, LLC			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address c/o Airgas, Inc., P.O. Box 6675		Secretary of State (SOS) file number or Comptroller file number	
City Radnor	State PA	ZIP code plus 4 19087	

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 259 N. Radnor Chester Rd	Radnor	PA 19087
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.



#### SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Thomas Kehl	President	<input type="checkbox"/> YES	m m d d y y
Mailing address 9811 Katy Freeway	City Houston	State TX	ZIP Code 77024
Michael Daily	Secretary	<input type="checkbox"/> YES	m m d d y y
Mailing address 259 Radnor-Chester Road	City Radnor	State PA	ZIP Code 19087
Tamara Saront-Eisner	Treasurer	<input type="checkbox"/> YES	m m d d y y
Mailing address 9811 Katy Freeway	City Houston	State TX	ZIP Code 77024

#### 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

#### 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
Airgas, Inc.	DE	0001132080	100

Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: CT Corporation	Office: 350 N. St. Paul St.	City Dallas	State TX	ZIP Code 75201
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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	JAMES E. COOK	Title ASSISTANT SECRET	Date 11/12/2021	Area code and phone number (610) 687-5253
-----------	---------------	------------------------	-----------------	---

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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**TAB 4**  
**Detailed Description of the Project**

Provide a detailed description of the scope of the proposed project, including, at a minimum, the type and planned use of real and tangible personal property, the nature of the business, a timeline for property construction or installation, and any other relevant information.

Nederland ASU

Air Liquide's project provides for the expansion of the production facility in Nederland, Texas. The expansion will consist of a new industrial gas facility for the production of argon, oxygen, and nitrogen for distribution to customers in the Gulf Coast area. The proposed industrial gas facility will be constructed along Air Liquide industrial gas pipelines that run from Lake Charles, Louisiana, to the south of Corpus Christi, Texas, through Jefferson County.

Products from this plant will be distributed via pipelines to Air Liquide's gas customers along these pipelines, by truck to Air Liquide's customers throughout the Texas-Louisiana Gulf Coast, and by rail to customers outside this region. Air Liquide is considering alternate locations in Texas and Louisiana to serve these customers (for example, industrial, medical, and energy).

The expected start date for the project's construction is 2024—the scheduled end date for the construction of late 2026. The expected number of construction personnel is approximately 150-200. The proposed project's anticipated number of new permanent full-time Air Liquide employees is three.

The estimated capital expenditure for this new plant is \$130,000,000.

Below is a list of the major equipment comprising the complex:

- Cryogenic storage tanks
- Compressors
- Heat exchangers
- Pumps
- Filters
- Insulation
- Electrical Switchgear
- Transformers
- Instrumentation equipment
- Equipment and structural foundations and supports
- Control Equipment
- Industrial gas loading and unloading equipment and road works
- Industrial gas piping

Additional infrastructure to support this property will include:

- Site development/roads
- Utility piping
- Electrical substation modifications and water distribution

## TAB 5

### Documentation to assist in determining if the limitation is a determining factor for the project.

Air Liquide is the world leader in gases, technologies, and services for industry and health. Air Liquide is present in 80 countries with approximately 65,000 employees and serves more than 3.5 million customers and patients. Oxygen, nitrogen, and hydrogen are essential small molecules for life, matter, and energy and have been at the core of the company's activities since its creation in 1902.

Air Liquide's Large Industries World Business Line provides gases to customers in the refining, chemicals, energy, and metallurgical industries. These gases are vital to the production processes of customers in such sectors. The Group's gas and energy solutions enable businesses to reconcile optimal productivity concerning the environment. Air Liquide is the undisputed world leader in this sector. Large Industries is representative of both Air Liquide's historical expertise and the technologies of the future. The World Business Line establishes its presence worldwide through its design and installation of more than 403 air separation units (ASU's), some 101 hydrogen production plants (of which 39 are significant units), and 18 cogeneration units.

This presence is strengthened by the Group's vast pipeline network, allowing Air Liquide to meet the air gas and hydrogen requirements of significant customers in some of the world's largest industrial basins in the United States, Europe, and Asia. This project can be built and installed anywhere on the Gulf Coast pipeline network from Corpus Christi, TX, to Lake Charles, LA.

Approval of this Value limitation application allows us to enhance our economic impact in Texas and contribute to the overall economy. The applicant requires this appraised value limitation to move forward with the project's development. Without this appraised value limitation, the impact of comparatively high Texas property taxes on the project's cost does not allow the project to compete for global customers against similar projects operated by competitors of Air Liquide in the U.S. and around the world. Without this appraised value limitation, Air Liquide would have to strongly consider making this investment at another site.

## TAB 6

Description of how the project is located in more than one district, including a list of percentages in each district and, if determined to be a single unified project, documentation from the Office of the Governor (if applicable)

1) Jefferson County	-100%
2) Drainage District #7	-100%
3) Water District #10	-100%
4) Savine-Neches NAV Dist.	-100%

## TAB 7

### Description of qualified Investment

Air Liquide's project provides for the expansion of the production facility in Nederland, Texas. The expansion will consist of a new industrial gas facility for the production of argon, oxygen, and nitrogen for distribution to customers in the Gulf Coast area. The proposed industrial gas facility will be constructed along Air Liquide industrial gas pipelines that run from Lake Charles, Louisiana, to the south of Corpus Christi, Texas, through Jefferson County.

- Cryogenic storage tanks
- Compressors
- Heat exchangers
- Pumps
- Filters
- Insulation
- Electrical Switchgear
- Transformers
- Instrumentation equipment
- Equipment and structural foundations and supports
- Control Equipment
- Industrial gas loading and unloading equipment and road works
- Industrial gas piping
- Additional infrastructure to support this property will include:
  - Site development/roads
  - Utility piping
  - Electrical substation modifications and water distribution

## TAB 8

### Description of qualified Investment

Air Liquide's project provides for the expansion of the production facility in Nederland, Texas. The expansion will consist of a new industrial gas facility for the production of argon, oxygen, and nitrogen for distribution to customers in the Gulf Coast area. The proposed industrial gas facility will be constructed along Air Liquide industrial gas pipelines that run from Lake Charles, Louisiana, to the south of Corpus Christi, Texas, through Jefferson County.

- Cryogenic storage tanks
- Compressors
- Heat exchangers
- Pumps
- Filters
- Insulation
- Electrical Switchgear
- Transformers
- Instrumentation equipment
- Equipment and structural foundations and supports
- Control Equipment
- Industrial gas loading and unloading equipment and road works
- Industrial gas piping
- Additional infrastructure to support this property will include:
- Site development/roads
- Utility piping
- Electrical substation modifications and water distribution

**TAB 9**

**Description of Land**

**It is not applicable. The land on which the new investment will get built is not being claimed as part of the qualified property, as described by §33.02()(A).**

**TAB 10**

**Description of all property not eligible to become qualified (if applicable)**

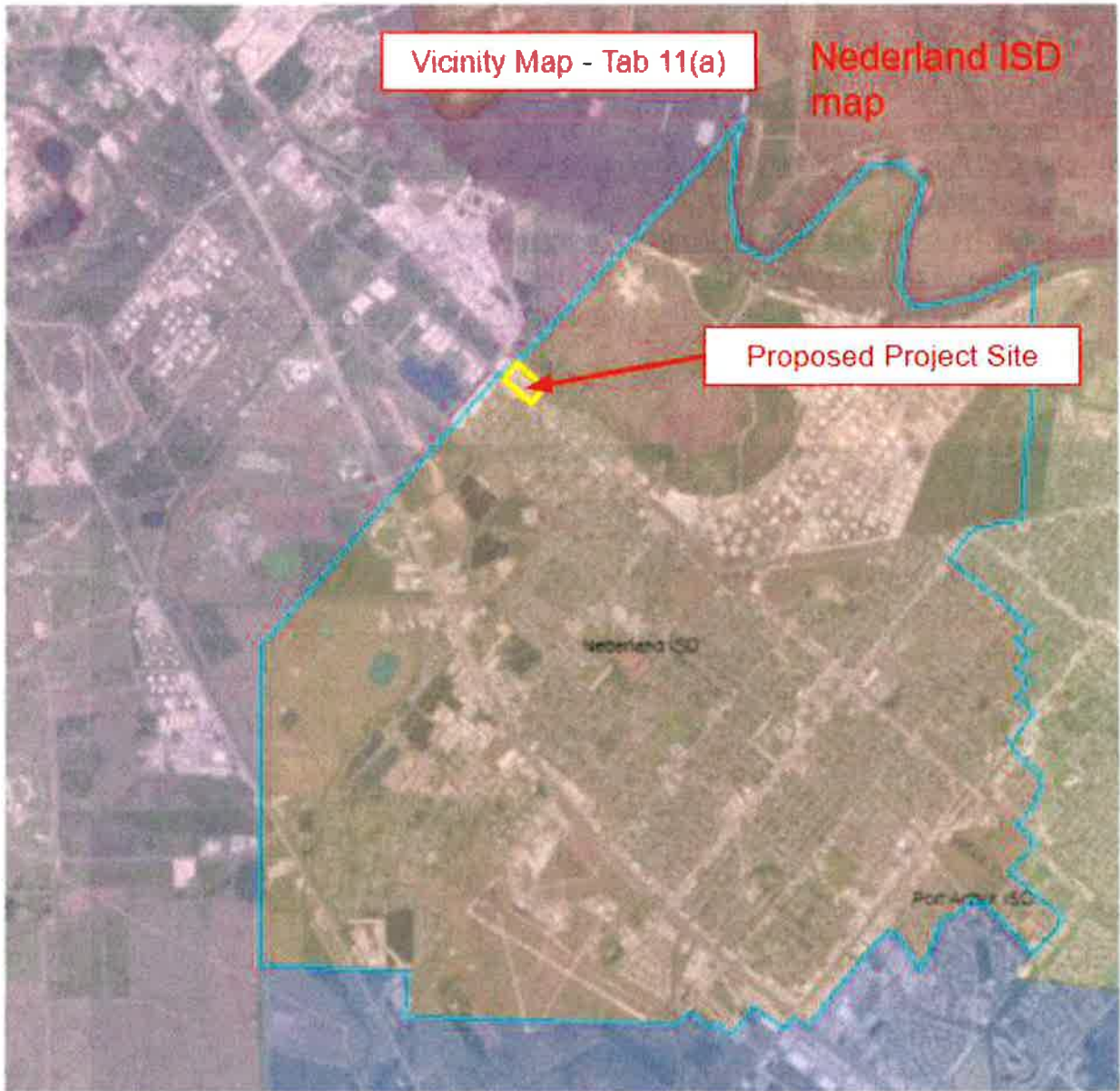
**None**

## TAB 11

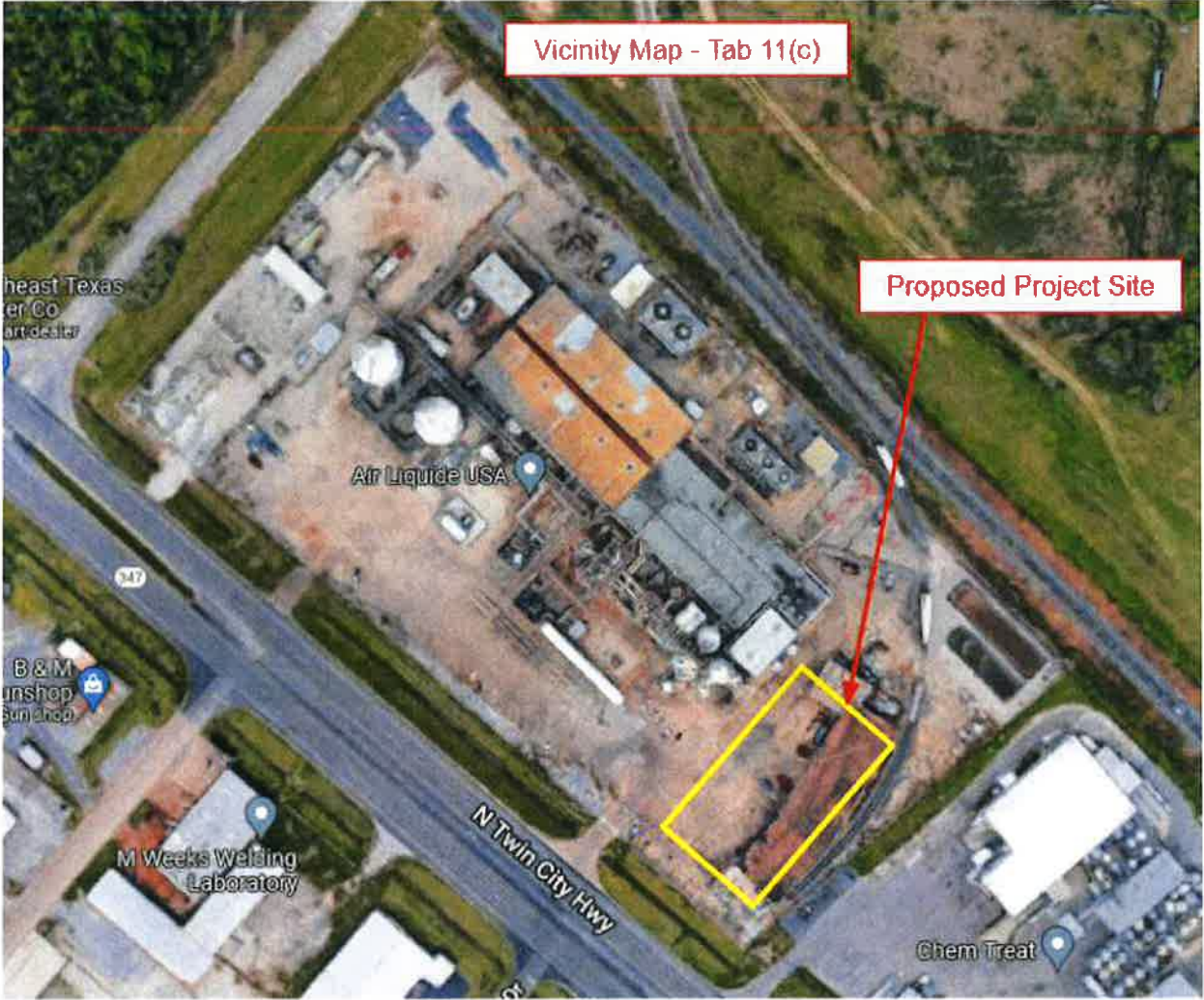
Maps that clearly show:

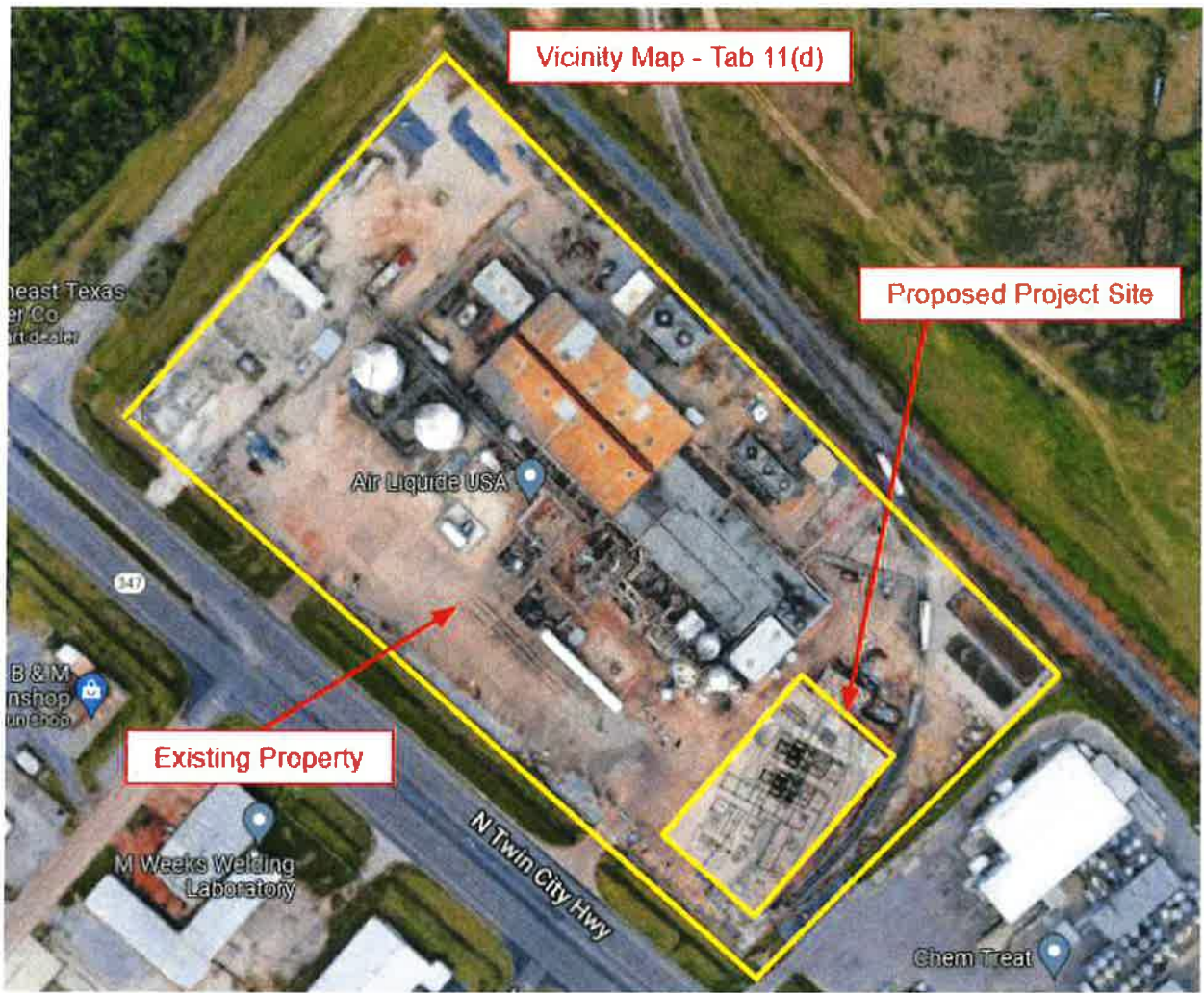
- a) Project vicinity
- b) Qualified investment, including the location of a new improvements
- c) Existing property –
- d) Qualified property, including the location of new improvements
- e) Land location within vicinity map – *Still working on the survey*
- f) Reinvestment or Enterprise Zone within vicinity map, showing the actual or proposed boundaries and size- *Waiting on ISD*











**TAB 12**

**Request for Waiver of Job Creation Requirement and supporting information (if applicable).**



May 6, 2022

Nederland Independent School District  
Dr. Stuart Kieschnick, Superintendent  
220 17<sup>th</sup> Street  
Nederland, TX 77627

Re: Chapter 313 Job Waive Request

Dear Superintendent Kieschnick:

Air Liquide Large Industries U.S., LP requests the Nederland Independent School District's Board of Trustees to waive the job requirement provision as allowed by §313.025(f-1) of the Property Tax Code. The waiver would base on the school district's board findings that the job creation requirement exceeds the industry standard for the number of employees reasonably necessary for the facility's operation, which Air Liquide describes in our application.

Air Liquide requests the Nederland Independent School District's Board of Trustees to make such a finding and waive the job requirement for the ten permanent jobs. The conclusion would align with the industry's standards for job requirements. Air Liquide has committed to creating three new jobs for the project, qualifying positions.

Air Liquide is an industry leader in the design, construction, installation, and staffing needs for over 405 air separation units worldwide. We are an industry leader who believes that the three new permanent jobs are the optimal staffing level for the new plant. It is the industry standard.

The three new jobs are the industry standard for our project.

Kind Regards,

David Ngo  
Director, Property Tax  
Air Liquide

**TAB 13**

**Calculation of three possible wage requirements with TWC documentation**

- **Jefferson County's average weekly wage for all jobs (all industries)**
- **Jefferson County's average weekly wage for all jobs (manufacturing)**
- **See Attached Council of Government Regional Wage Calculation and Documentation**



## Quarterly Census of Employment and Wages (QCEW) Report

Year	Period	Area	Ownership	Industry Code	Industry	Average Weekly Wage
2020	04	Jefferson	Private	10	Total, All Industries	1,200
2021	01	Jefferson	Private	10	Total, All Industries	1,148
2021	02	Jefferson	Private	10	Total, All Industries	1,118
2021	03	Jefferson	Private	10	Total, All Industries	1,134

## Quarterly Census of Employment and Wages (QCEW) Report

Year	Period	Area	Ownership	Industry Code	Industry	Level	Average Weekly Wage
2020	04	Jefferson	Private	1013	Manufacturing	1	2,029
2021	01	Jefferson	Private	1013	Manufacturing	1	2,389
2021	02	Jefferson	Private	1013	Manufacturing	1	2,046
2021	03	Jefferson	Private	1013	Manufacturing	1	2,055

**2020 Manufacturing Average Wages by Council of Government Region  
Wages for All Occupations**

COG	COG Number	Wages	
		Hourly	Annual
<a href="#">Panhandle Regional Planning Commission</a>	1	\$23.32	\$48,501
<a href="#">South Plains Association of Governments</a>	2	\$20.42	\$42,473
<a href="#">NORTEX Regional Planning Commission</a>	3	\$20.64	\$42,928
<a href="#">North Central Texas Council of Governments</a>	4	\$32.34	\$67,261
<a href="#">Ark-Tex Council of Governments</a>	5	\$21.30	\$44,299
<a href="#">East Texas Council of Governments</a>	6	\$29.28	\$60,904
<a href="#">West Central Texas Council of Governments</a>	7	\$21.54	\$44,797
<a href="#">Rio Grande Council of Governments</a>	8	\$19.02	\$39,552
<a href="#">Permian Basin Regional Planning Commission</a>	9	\$22.57	\$46,945
<a href="#">Concho Valley Council of Governments</a>	10	\$27.28	\$56,739
<a href="#">Heart of Texas Council of Governments</a>	11	\$23.41	\$48,696
<a href="#">Capital Area Council of Governments</a>	12	\$29.96	\$62,326
<a href="#">Brazos Valley Council of Governments</a>	13	\$18.41	\$38,286
<a href="#">Deep East Texas Council of Governments</a>	14	\$21.07	\$43,829
<a href="#">South East Texas Regional Planning Commission</a>	15	\$27.38	\$56,957
<a href="#">Houston-Galveston Area Council</a>	16	\$29.83	\$62,050
<a href="#">Golden Crescent Regional Planning Commission</a>	17	\$22.09	\$45,945
<a href="#">Alamo Area Council of Governments</a>	18	\$27.45	\$57,101
<a href="#">South Texas Development Council</a>	19	\$19.20	\$39,945
<a href="#">Coastal Bend Council of Governments</a>	20	\$35.39	\$73,603
<a href="#">Lower Rio Grande Valley Development Council</a>	21	\$20.70	\$43,056
<a href="#">Texoma Council of Governments</a>	22	\$19.18	\$39,897
<a href="#">Central Texas Council of Governments</a>	23	\$21.34	\$44,390
<a href="#">Middle Rio Grande Development Council</a>	24	\$22.98	\$47,809
<b>Texas</b>		\$28.00	\$58,233

Calculated by the Texas Workforce Commission Labor Market and Career Information Department.

Data published: August 2021.

Data published annually, next update will likely be July 31, 2022

Annual Wage Figure assumes a 40-hour work week.

Note: Data is not supported by the Bureau of Labor Statistics (BLS).

Wage data is produced from Texas Occupational Employment and Wage Statistics (OEWS) data, and is not to be compared to BLS estimates.

Data intended only for use implementing Chapter 313, Texas Tax Code.

**TAB 14**

**Schedules A1, A2, B, C, and D completed and signed Economic Impact (if applicable)**

**See attached Schedules A1, A2, B, C, and D**

Schedule A1: Total Investment for Economic Impact (through the Qualifying Time Period)

PROPERTY INVESTMENT AMOUNTS					Estimated Investment in each year. Do not put cumulative totals.				
	Year	School Year (YYYY-YYYY)	Tax Year (fill in actual tax year below) (YYYY)	Column A New Investment (original cost) in tangible personal property placed in service during this year that will become Qualified Property	Column B New investment made during this year in buildings that will become Qualified Property	Column C Other new investment made during this year that will not become Qualified Property (SEE NOTE)	Column D Other new investment made during this year that may become Qualified Property (SEE NOTE)	Column E Total Investment (Sum of Columns A+B+C+D)	
Investment made before filing complete application with district									
Investment made after filing complete application with district, but before final board approval of application	--		2024		Not eligible to become Qualified Property				
Investment made after final board approval of application and before Jan. 1 of first complete tax year of qualifying time period		Year preceding the first complete tax year of the qualifying time period (assuming no deferrals of qualifying time period)							
Complete tax years of qualifying time period	QTP1	2024-2025	2025	45,500,000	Qualified Investment	Qualified Investment		45,500,000	
	QTP2	2025-2026	2026	45,500,000	Qualified Investment	Qualified Investment		45,500,000	
<b>Total Investment through Qualifying Time Period (ENTER this row in Schedule A2)</b>				130,000,000		Enter amounts from TOTAL row above in Schedule A2		130,000,000	
<b>Total Qualified Investment (sum of green cells)</b>				130,000,000				130,000,000	

For All Columns: List amount invested each year, not cumulative totals.

Column A: This represents the total dollar amount of planned investment in tangible personal property. Only include estimates of investment for "replacement" property if the property is specifically described in the application. Only tangible personal property that is specifically described in the application can become qualified property.

Column B: The total dollar amount of planned investment each year in buildings or nonremovable component of buildings.

Column C: Dollar value of other investment that may affect economic impact and total value. Examples of other investment that may result in qualified property are land or professional services. replaces existing property. is used to maintain, refurbish, renovate, modify or upgrade existing property, or is affixed to existing property—described in SECTION 13, question #6 of the application.

Column D: Dollar value of other investment that may affect economic impact and total value. Examples of other investment that may result in qualified property are land or professional services. replaces existing property. is used to maintain, refurbish, renovate, modify or upgrade existing property, or is affixed to existing property—described in SECTION 13, question #6 of the application.

Total Investment: Add together each cell in a column and enter the sum in the blue total investment row. Enter the data from this row into the first row in Schedule A2.

Qualified Investment: For the green qualified investment cell, enter the sum of all the green-shaded cells.

Date  
Applicant Name  
ISD Name

**Schedule B: Estimated Market And Taxable Value (of Qualified Property Only)**  
**6-May**  
**Air Liquide Large Industries US LP**

Form 50-296A  
Revised October 2020

Each year prior to start of Value Limitation Period <i>Insert as many rows as necessary</i>	Year	School Year (YYYY-YYYY)	Tax Year (Fill in actual tax year) YYYY	Qualified Property			Estimated Taxable Value		
				Estimated Market Value of Land	Estimated Total Market Value of new buildings or other new improvements	Estimated Total Market Value of tangible personal property in the new buildings or "in or on the new improvements"	Market Value less any exemptions (such as pollution control) and before limitation	Final taxable value for I&S after all reductions	Final taxable value for M&O after all reductions
	0	2024-2025	2025	NA	84,500,000			84,500,000	
	1	2025-2026	2026	NA	129,950,000	50,000	130,000,000	130,000,000	30,000,000
	2	2026-2027	2027	NA	126,051,500	48,500	126,100,000	126,100,000	30,000,000
	3	2027-2028	2028	NA	122,269,955	47,045	122,317,000	122,317,000	30,000,000
	4	2028-2029	2029	NA	118,601,856	45,634	118,647,490	118,647,490	30,000,000
	5	2029-2023	2030	NA	115,043,801	44,265	115,088,065	115,088,065	30,000,000
	6	2030-2031	2031	NA	111,592,487	42,937	111,635,423	111,635,423	30,000,000
	7	2031-2032	2032	NA	108,244,712	41,649	108,286,361	108,286,361	30,000,000
	8	2032-2033	2033	NA	104,997,371	40,399	105,037,770	105,037,770	30,000,000
	9	2033-2034	2034	NA	101,847,450	39,187	101,886,637	101,886,637	30,000,000
	10	2034-2035	2035	NA	98,792,026	38,012	98,830,038	98,830,038	30,000,000
	11	2035-2036	2036	NA	95,828,265	36,871	95,865,136	95,865,136	30,000,000
	12	2036-2037	2037	NA	92,953,417	35,765	92,989,182	92,989,182	30,000,000
	13	2037-2038	2038	NA	90,164,815	34,692	90,199,507	90,199,507	30,000,000
	14	2038-2039	2039	NA	87,459,870	33,651	87,493,522	87,493,522	30,000,000
	15	2039-2040	2040	NA	84,836,074	32,642	84,868,716	84,868,716	30,000,000
	16	2040-2041	2041	NA	82,290,992	31,663	82,322,655	82,322,655	30,000,000
	17	2041-2042	2042	NA	79,822,262	30,713	79,852,975	79,852,975	30,000,000
	18	2042-2043	2043	NA	77,427,594	29,791	77,457,386	77,457,386	30,000,000
	19	2043-2044	2044	NA	75,104,767	28,898	75,133,664	75,133,664	30,000,000
	20	2044-2045	2045	NA	72,851,624	28,031	72,879,654	72,879,654	30,000,000
	21	2045-2046	2046	NA	70,666,075	27,190	70,693,265	70,693,265	30,000,000
	22	2046-2047	2047	NA	68,546,093	26,374	68,572,467	68,572,467	30,000,000
	23	2047-2048	2048	NA	66,489,710	25,583	66,515,293	66,515,293	30,000,000
	24	2048-2049	2049	NA	64,495,019	24,815	64,519,834	64,519,834	30,000,000
	25	2049-2050	2050	NA	62,560,168	24,071	62,584,239	62,584,239	30,000,000

Notes: Market value in future years is good faith estimate of future taxable value for the purposes of property taxation.  
Only include market value for eligible property on this schedule.

Schedule A2: Total Investment for Economic Impact (including Qualified Property and other investments)

		PROPERTY INVESTMENT AMOUNTS (Estimated Investment in each year. Do not put cumulative totals.)					
		Column A	Column B	Column C	Column D	Column E	
		New investment (original cost) in tangible personal property placed in service during this year that will become Qualified Property	New investment made during this year in buildings or permanent nonremovable components of buildings that will become Qualified Property	Other investment made during this year that will not become Qualified Property (SEE NOTE)	Other investment made during this year that will become Qualified Property (SEE NOTE)	Total Investment (A+B+C+D)	
		Enter amounts from TOTAL row in Schedule A1 in the row below					
Total Investment from Schedule A1*	--	TOTALS FROM SCHEDULE A1				130,000,000	
Each year prior to start of value limitation period**	0	2024-2025	2025			130,000,000	
	1	2025-2026	2026	0	0	0	
	2	2026-2027	2027	0	0	0	
	3	2027-2028	2028	0	0	0	
	4	2028-2029	2029	0	0	0	
	5	2029-2030	2030	0	0	0	
	6	2030-2031	2031	0	0	0	
	7	2031-2032	2032	0	0	0	
	8	2032-2033	2033	0	0	0	
	9	2033-2034	2034	0	0	0	
	10	2034-2035	2035	0	0	0	
		<b>Total Investment made through limitation</b>				<b>130,000,000</b>	
Continues to maintain viable presence	11	2035-2036	2036				
	12	2036-2037	2037				
	13	2037-2038	2038				
	14	2038-2039	2039				
	15	2039-2040	2040				
	16	2040-2041	2041				
	17	2041-2042	2042				
	18	2042-2043	2043				
	19	2043-2044	2044				
	20	2044-2045	2045				
	21	2045-2046	2046				
	22	2046-2047	2047				
	23	2047-2048	2048				
	24	2048-2049	2049				
	25	2049-2050	2050				

\* All investments made through the qualifying time period are captured and totaled on Schedule A1 (blue box) and incorporated into this schedule in the first row.  
 \*\* Only investment made during deferrals of the start of the limitation (after the end of qualifying time period but before the start of the Value Limitation Period) should be included in the "Year prior to start of value limitation period" row(s). If the limitation starts at the end of the qualifying time period or the qualifying time period overlaps the limitation, no investment should be included on this line.  
 \*\*\* If your qualifying time period will overlap your value limitation period, do not also include investment made during the qualifying time period in years 1 and/or 2 of the value limitation period, depending on the overlap. Only include investments/years that were not captured on Schedule A1.  
 Column A: List amount invested each year; not cumulative totals. Only include investments in the remaining rows of Schedule A2 that were not captured on Schedule A1.  
 Column B: This represents the total dollar amount of planned investment in tangible personal property. Only include estimates of investment for "replacement" property if the property is specifically described in the application.  
 Column C: Only tangible personal property that is specifically described in the application can become qualified property.  
 Column D: The total dollar amount of planned investment each year in buildings or nonremovable component of buildings.  
 Column E: Dollar value of other investment that may affect economic impact and total value. Examples of other investment that will not become qualified property include investment meeting the definition of 313.021(1) but not creating a new improvement as defined by TAC 9.1051. This is proposed property that functionally replaces existing property. Is used to maintain, refurbish, renovate, modify or upgrade existing property or is affixed to existing property—described in SECTION 13, question #5 of the application.  
 Column F: Dollar value of other investment that may affect economic impact and total value. Examples of other investment that may result in qualified property are land or professional services.

**Schedule C: Employment Information**

Date: 6-May  
 Applicant Name: Air Liquide Large Industries US LP  
 ISD Name: Nederland

Form 50-296A  
 Revised October 2020

	Year	School Year (YYYY-YYYY)	Tax Year (Actual tax year) YYYY	Construction		Qualifying Jobs		
				Column A Number of Construction FTEs	Column B Average annual wage rates for construction workers	Column C Non-Qualifying Jobs Number of non-qualifying jobs applicant estimates it will create (cumulative)	Column D Qualifying Jobs Number of new qualifying jobs applicant commits to create meeting all criteria of Sec. 313.021(3) (cumulative)	Column E Annual wage of new qualifying jobs
Value Limitation Period <i>The qualifying time period could overlap the value limitation period.</i>	0	2024-2025	2025	100				
	1	2025-2026	2026	200	72,956		3	68,255
	2	2026-2027	2027				3	68,255
	3	2027-2028	2028				3	68,255
	4	2028-2029	2029				3	68,255
	5	2029-2023	2030				3	68,255
	6	2030-2031	2031				3	68,255
	7	2031-2032	2032				3	68,255
	8	2032-2033	2033				3	68,255
	9	2033-2034	2034				3	68,255
10	2034-2035	2035				3	68,255	
Years Following Value Limitation Period	11 through 25	2034-2048	2035-2049				3	68,255

Notes: See TAC 9.1051 for definition of non-qualifying jobs.  
 Only include jobs on the project site in this school district.

**RetNEDERLAND INDEPENDENT SCHOOL DISTRICT**

**Board of Trustees**

May 20, 2022  
Date of Board Meeting

Initiated By

Dr. Stuart Kieschnick  
Recommended By

**RETAIN O'HANLON, DEMERATH & CASTILLO AND  
MOAK CASEY AND ASSOCIATES FOR AIR LIQUIDE APPLICATION  
(DISCUSSION AND/OR ACTION)**

Discussion and possible action to retain consultants to assist the District in the processing of Air Liquide Application

# O'HANLON, DEMERATH & CASTILLO

ATTORNEYS AND COUNSELORS AT LAW

808 WEST AVENUE  
AUSTIN, TEXAS 78701  
PHONE: (512) 494-9949  
FAX: (512) 494-9919

KEVIN O'HANLON

[kohanlon@808west.com](mailto:kohanlon@808west.com)

**Rio Grande Valley Office**  
426 W. Caffery Ave.  
Pharr, Texas 78577

**San Antonio Office**  
117 W. Craig Place  
San Antonio, Texas 78212

May 16, 2022

Superintendent Stuart Kieschnick and  
Members of the Board of Trustees  
Nederland Independent School District  
220 17<sup>th</sup> Street  
Nederland, TX 77627

RE: Legal Representation Agreement for District Representation for Purposes of Tax Code  
Chapter 313 matters concerning Application of Air Liquide Large Industries US LP

Superintendent Kieschnick and Members of the Nederland ISD Board of Trustees,

The purpose of this letter is to provide you the terms and conditions under which our firm proposes to undertake all necessary legal work to process, negotiate, draft and, as requested, provide post-agreement legal advice to the Nederland Independent School District Board of Trustees or the Board of Trustees upon reassuming their duties (hereinafter "Client") concerning the above-referenced Application of Air Liquide Large Industries US LP. At all times our representation will be subject the direction of Client's Board of Trustees and executive staff. Please review the agreement, and if you wish to retain the Firm's services, execute and return the agreement to our office by either facsimile or email.

If retained, we propose to represent in the above-referenced matter as follows:

**I. Designation of Firm's Primary Counsel:** Kevin O'Hanlon, our firm's President and Managing Partner will have primary responsibility for this engagement. Mr. O'Hanlon has been practicing law in Texas for approximately 38 years and has been involved in the drafting and negotiation of Chapter 313 agreements since drafting the original Chapter 313 agreement in 2002. The use of all firm personnel will be based on the exercise of our professional judgment and will depend on the nature of the work to be performed and the qualifications, skill and specialized expertise needed to perform an aspect of a specific engagement.

**II. Legal Representation Through Agreement Execution:** If engaged by Client, our firm will provide the following legal services with respect to the above referenced matter for the fee set forth in Paragraph III, below: Review Client's existing Chapter 313 Policies and, where appropriate, recommend amended language to the Board, to ensure compliance with current statute and regulatory directives.

1. Review the Application, including Schedules A1-C and all other supporting documentation for completeness; and require the Applicant, as necessary, to submit additional and/or supplementary information to ensure that the Application documents and any other required reports include all information required by the Comptroller's rules or by 34 Tex. Administrative Code § 9.1054.
2. Upon request, provide a comprehensive briefing on the mandatory procedures, rules of the Comptroller's Office, legal risks under the Texas school finance system.
3. Review, on behalf of the Client, any Amended, Supplemental Application, or any other required documentation, submitted by the Applicant for the same project, and make appropriate recommendations for action.
4. Ensure that all requests from the Comptroller concerning the Application are expeditiously handled, and forward to the Comptroller and the Appraisal District any Amended or Supplemental Application or any other information necessary to complete the Comptroller's Application Certification or economic impact study.
5. Ensure Client is kept current on and is in compliance with all required transparency requirements.
6. Where requested, draft Board agenda items and supporting materials for Board action, in full compliance with the Texas Open Meetings Act.
7. Attend, in person any staff and/or Board meetings as necessary to keep Client informed of the status of the engagement.
8. Coordinate with Client's school finance consultants to ensure all required analyses to properly protect the District's financial interests have been completed in a timely manner.
9. Secure and forward all required supplemental information necessary to assist the staffs of the Comptroller and, as applicable, the Texas Education Agency (TEA); the Texas Workforce Commission, and the Texas Economic Development and Tourism Office with the analyses required by the rules adopted by the respective agencies.
10. Track all deadlines including Tex. Tax Code § 313.025(b) and, if required prepare and transmit extension of time documentation to the required stakeholders in order that not later than 150 days after the Application Review Start Date, an Agreement is presented to the Board for final approval or action upon a request from the Applicant for an extension of the Application Review Period has been timely executed and forwarded to the Comptroller.
11. Secure the required Certification from the Texas Comptroller's Office as a prerequisite for application approval by the Board.

12. Prepare appropriate documentation and materials, including agenda postings, to ensure a proper Public Hearing on the Application is held at which the Superintendent, the District's consultants, the Applicant, and members of the public shall have a reasonable opportunity to present their views on the proposed Application.
13. Ensure that required conflict of interest filings are prepared and reviewed at critical stages of the application approval process by all stakeholders.
14. In conjunction with the Client's school finance consultants, prepare and have presented for Board review and adoption such findings of fact regarding the Application as are required by law.
15. Review the financial impact of any proposed agreement with the Client's Board and executive staff and with the District's school finance consultants to ensure that the full financial consequences of the agreement are understood by and acceptable to Client.
16. In accordance with Client instructions, negotiate final terms of a proposed tax limitation agreement, to include the maximum possible financial protections for the Client, and in accordance with Client directives, negotiate terms for supplemental payments as are allowed under law and consistent with Client directives, and present any recommendations concerning the negotiations to the Client.
17. Ensure that the District and the Comptroller are provided draft copies of the Agreement at least twenty (20) days prior to the meeting at which the Board is scheduled to consider final approval of an Agreement, and secure Comptroller approval of such draft prior to final Board action.
18. Ensure that after final Board approval of any Chapter 313 agreement, fully executed copies of such agreement are distributed to all appropriate parties and stakeholders.

**III. Fees for Services under Section II:** Our firm policy is to charge its school district clients a flat fee of \$37,500.00 for all services provided to the District under Section II, above. For services under Section II, Client will be billed for services upon issuance of a complete application letter by the Comptroller, or in the event of withdrawal of the Chapter 313 application from Client consideration if Applicant no longer wishes to proceed with its Application.

**IV. Post Agreement Legal Services:** After the approval and execution of a Tax Limitation Agreement as contemplated by Section II, above, our firm will on an annual basis, provide Client with all legal representation necessary to:

1. Advise Client with respect to its obligations and entitlements under the Agreement.

2. Assist the appointed Third-Party under the Agreement with the performance of their duties.
3. Monitor new legal developments and ensure full Client compliance requirements imposed, from time-to-time by the Texas Comptroller's Office, the Texas Education Agency, or any State regulatory or Legislative agency, including audits by the State Auditor.
4. Represent the District with respect to all Public Information Act requests concerning the Chapter 313 Agreement or its compliance requirements.
5. Assemble draft and file all required reports to regulatory agencies.
6. Draft and present to the Board for possible adoption, including the drafting of required agenda items and supporting materials, all required post-agreement resolutions of Findings necessary to ensure ongoing compliance.
7. Advise Client and represent the District in all appeals or disputes with the Applicant.
8. Represent the District in all mediations or litigation arising out of the Agreement or its enforcement.

**V. Fees for Services under Section IV:** Billing for services performed from year-to year under Section IV, above will be limited the total fee which can be recovered to from the Applicant under the agreement, after the payment of the Third-Party's fees which will also be recoverable from the Applicant. In addition to the foregoing our firm will be entitled to retain any attorney's fees by a court of competent jurisdiction over matters involving the agreement. Client will not be responsible to the firm for payments of fees and/or expenses in excess of the amount set forth herein. By way of clarification, our annual fees will not cause the District to budget or expend any monies in excess of that recoverable from the Chapter 313 Applicant. For services billed under Section IV, in accordance with provisions contained in the Chapter 313 Agreement, Applicant will be directly billed for such services. All invoices will show, on their face the source of payments, ensuring that Client does not incur a net expense for the provision of services under Section IV.

#### **VI. Termination of Services**

This agreement shall continue from-year-to year, along as the Agreement executed under Section 2 remains in effect. **Client's Obligations to our firm under Sections III and V may be terminated at any time in the sole discretion of the Client.** In the event of termination by Client, our firm shall be compensated for the work performed for Client prior to the date of termination. Our firm may cancel terminate this agreement only upon ninety (90) days prior notice to client

**VII. Conflict Issues:** We have reviewed the goals that the Client wishes to achieve through this engagement and have examined our relationship with the proposed applicant. We have not detected any conflict between our firm and your interests in this engagement.

**VIII. Submission of Additional Documentation:** Contemporaneously with the submission of this Engagement Letter we are submitting the following additional documentation

- a. A completed Vendor Conflict of Interest Disclosure Form (Texas Ethics Commission Form CIQ)
- b. Completed Internal Revenue Service Form W-9

On a personal note, I am very pleased that you are considering our firm to assist in this important project. We look forward to serving you, and we shall use our best efforts on your behalf. We firmly believe that the experience that our legal team brings to the engagement will enable the Client to both control its legal risk, while providing the highest possible benefit for the Client and its constituents.

Sincerely,



Kevin O'Hanlon  
O'HANLON, DEMERATH & CASTILLO

AGREED TO:

By: \_\_\_\_\_  
Superintendent



— O'HANLON —  
DEMERATH & CASTILLO

**Attachment A**

**Compliance with House Bill 89 and Senate Bill 252**

Due to the passage of House Bill 89 and Senate Bill 252 during the 85<sup>th</sup> Texas Legislative Session, effective September 1, 2017, any entity contacting with a school district must adhere to following:

Compliance with House Bill 89: A governmental entity may not enter into a contract with a company for good or services unless the contract contains a written verification from the company that it does not boycott Israel and will not boycott Israel during the term of the contract.

Compliance with Senate Bill 252: A governmental entity may not enter into a contract with a company engaged in business with Iran, Sudan or a foreign terrorist organization identified on a list prepared by the Texas Comptroller.

In signing this attachment, I attest that O'Hanlon, Demerath & Castillo is in compliance with HB 89 and SB 252.

Kevin O'Hanlon  
Partner  
O'Hanlon Demerath & Castillo

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

O'Hanlon, Demerath & Castillo

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

Nederland ISD Board of Trustees and Superintendent

Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

NONE

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

NONE

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

  
Signature of vendor doing business with the governmental entity

75

5/16/2022

Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>O'Hanlon, Demerath &amp; Castillo, P.C.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>808 West Ave</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Austin, Texas 78701</b>	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
2	6		-	2	6	9	1	9	1	5

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date ▶ <u>1/28/2020</u>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**76** If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

Certificate Number:  
2022-886633

Date Filed:  
05/16/2022

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
O'Hanlon, Demerath & Castillo  
Austin, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Nederland Independent School District

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
TBD by Comp. App. No.  
Legal Representation Agreement for District Representation for Purposes of Tax Code Chapter 313 matters concerning Application of Air Liquide Large Industries US LP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Castillo, Ben	Pharr, TX United States	X	
	O'Hanlon, Kevin	Austin, TX United States	X	

**5 Check only if there is NO Interested Party.**


**6 UNSWORN DECLARATION**

My name is Kevin O'Hanlon, and my date of birth is 5/18/1952.

My address is 808 West Avenue, Austin, TX, 78701, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of Texsa, on the 16<sup>th</sup> day of May, 2022.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)



## CONSULTING AGREEMENT

By and Between the  
**NEDERLAND INDEPENDENT SCHOOL DISTRICT**  
and  
**MOAK, CASEY & ASSOCIATES, INC.**

**MOAK, CASEY & ASSOCIATES, INC.** (“Consultant”), agrees to provide the services (“Services”) indicated in this consulting agreement (“Agreement”) in return for fees as enumerated below to the **NEDERLAND INDEPENDENT SCHOOL DISTRICT** (“District”), relating to an Application for Appraised Value Limitation on Qualified Property (“Value Limitation”) from **AIR LIQUIDE LARGE INDUSTRIES US LP** (“Company”), for a new manufacturing facility, pursuant to Chapter 313, Texas Tax Code. The Services include the components listed below.

### PART I. SERVICES

Consultant shall:

- 1.1. *Brief the school board, senior administrators and community leaders:* Consultant will provide a comprehensive briefing on the mandatory procedures, rules of the Comptroller’s Office, financial risks, and impact under the Texas school finance system.
- 1.2. *Analyze the Company’s Application Prior to Submission to the Comptroller’s Office:* Consultant will assist in the review of the Company’s application, if needed, for completeness prior to submission to the Comptroller’s Office.
- 1.3. *Monitor the Comptroller’s and T.E.A.’s application review:* Consultant will assist in monitoring the Comptroller’s economic analysis and assessment of the project, if needed, as well as any review by T.E.A. to ensure that all information requests and any other issues are addressed during the review process.
- 1.4. *Prepare school-finance analysis:* Consultant will use district-specific financial models to estimate impact of the proposed economic development over the full period of the Value Limitation process.
- 1.5. *Negotiate with applicant company:* Consultant will undertake informal and formal negotiations with the Company or its representatives, as directed by the District.



- 1.6. *Prepare annual calculations required under the Value Limitation Agreement and annual and biennial reports required by the State Comptroller's Office and Texas Education Agency following execution of the Value Limitation Agreement.* The annual financial calculations and the annual and biennial reports will be prepared by the Consultant as required, at no expense to the District.
- 1.7. *Provide staff support for the District if it is subject to a review by the State Auditor's Office.* In the event the District's Chapter 313 agreement is subject to a review by the State Auditor's Office, Consultant will provide staff support to address the information requirements associated with the audit, at no expense to the District.

## PART II. GENERAL PROVISIONS

In performing these Services, Consultant and the District agree to the following additional terms and conditions:

- 2.1. Consultant shall be available for direct consultation with the Board of Trustees of the District, but shall maintain its primary contact with Dr. Stuart Kieschnick, its Superintendent.
- 2.2. The District shall provide for the reproduction and dissemination of major reports or other written materials.
- 2.3. Services provided by Consultant shall be provided by direct staff of Consultant or through resources under subcontract.
- 2.4. The District shall promptly provide Consultant with necessary background information relating to financial and other pertinent data.
- 2.5. Information obtained by Consultant from the District shall remain confidential unless authorization for the release of the information has been approved by an authorized representative of the District, or unless disclosure of the information is required by the Texas Public Information Act.
- 2.6. Consultant is not an employee of the District, and is not entitled to fringe benefits, pension, workers' compensation, retirement, etc. The District shall not deduct Federal income taxes, FICA (Social Security), or any other taxes required to be deducted by an employer, as this is the responsibility of Consultant. Consultant shall indemnify and hold the District harmless from any and all liability to the Internal Revenue Service for the payment of any taxes or withholding paid to Consultant under this Agreement. Consultant shall also indemnify and hold harmless the District, its officials and employees, against claims for damages, personal injury or death caused by the acts or omissions of Consultant or Consultant's employees or subcontractors in the performance of this Agreement.
- 2.7. Nothing in this Agreement shall be construed to prevent Consultant from entering into agreements with other individual school districts or other education groups regarding financial planning, legal, consulting, and other related services that do not conflict with this Agreement.



- 2.8. No provision of this Agreement shall be construed to prevent Consultant from undertaking sponsored research or services on Texas statewide school finance issues.
- 2.9. No provision of this Agreement shall be construed to entitle the District to access to general statewide finance modeling services and analyses prepared by Consultant except as covered under Part I.
- 2.10. This Agreement shall be in force May 20, 2022, until the Services set forth herein as Items 1.1 to 1.5 have been completed, and for the services provided under Items 1.6 and 1.7 shall continue from year-to-year while the Value Limitation Agreement is in effect.
- 2.11. Services under this Agreement may be terminated at any time at the sole discretion of the District. In event of such termination by the District, District shall pay Consultant prorated fees for the services performed prior to the date of termination.
- 2.12. Consultant may cancel this agreement only upon ninety (90) days prior notice to the District.

### PART III. FEES AND EXPENSES

- 3.1. The fee shall be \$37,500 for the term of the Agreement, inclusive of expenses.
- 3.2. Fees shall be paid upon execution of this Contract, but only after receipt of the Completeness Letter as issued by the Texas Comptroller's Office.
- 3.3. All payments shall be due upon receipt of an invoice.
- 3.4. Fees paid under this Agreement by the District for Services listed as Items 1.1 to 1.5 are to be paid from the Application Fee established by the District pursuant to Section 313.031(b), Texas Tax Code.
- 3.5. In no event shall the District be billed for Consultant expenses relating to the Services provided as Items 1.6 and 1.7, beyond the amounts that are allowed to be paid under the Chapter 313 Value Limitation Agreement.

### PART IV. NOTICES AND MAILINGS

Invoices, payments, and other official communications shall be considered delivered if mailed to the following, or to such other address as may be designated, in writing, from time to time:

- 4.1. If to Consultant:

Mr. Daniel T. Casey, Partner  
MOAK, CASEY & ASSOCIATES, INC.  
901 S. MoPac Expressway  
Bldg. III, Suite 310  
Austin, Texas 78746



4.2. If to District:

Dr. Stuart Kieschnick  
Superintendent  
Nederland ISD  
220 17<sup>th</sup> Street  
Nederland, Texas 77627

DISTRICT:

NEDERLAND INDEPENDENT SCHOOL DISTRICT

CONSULTANT:

MOAK, CASEY & ASSOCIATES, INC.

Printed Name: Dr. Stuart Kieschnick

Daniel T. Casey  
Partner

Date: \_\_\_\_\_

Date: May 20, 2022

**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

Moak, Casey & Associates

**2**  **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

Nederland ISD Board of Trustees and Superintendent

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

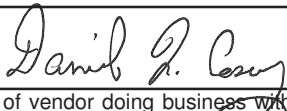
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

None

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**   
Signature of vendor doing business with the governmental entity

May, 20 2022

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Moak, Casey & Associates  
 Austin, TX United States

Certificate Number:  
 2022-873608

Date Filed:  
 04/14/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Nederland Independent School District

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

TBD  
 Consulting services to assist the district in its evaluation of a Chapter 313 property value limitation

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Moak, Lynn	Austin, TX United States	X	
Casey, Dan	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is John Grey, and my date of birth is 12/13/73.

My address is 901 S. Moak Expwy., Bldg. III, Suite 310 Austin TX 78746 USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of Texas, on the 14th day of April, 2022.  
(month) (year)

J. M. P.  
 Signature of authorized agent of contracting business entity  
 (Declarant)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Moak, Casey & Associates, Inc.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**901 S. Mopac Bldg III Ste 310**

**6** City, state, and ZIP code  
**Austin, TX 78746**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

				-						
--	--	--	--	---	--	--	--	--	--	--

or

**Employer identification number**

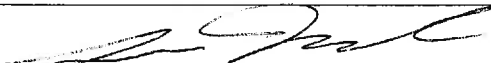
2	6	-	0	4	5	6	9	9	3
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶  Date ▶ 2-11-19

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Attachment A

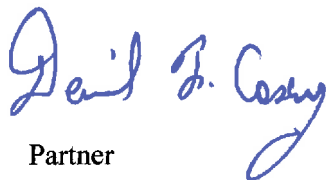
Compliance with House Bill 89 and Senate Bill 252

Due to the passage of House Bill 89 and Senate Bill 252 during the 85th Texas Legislative Session, effective September 1, 2017, any entity contacting with a school district must adhere to following:

Compliance with House Bill 89: A governmental entity may not enter into a contract with a company for good or services unless the contract contains a written verification from the company that it does not boycott Israel and will not boycott Israel during the term of the contract.

Compliance with Senate Bill 252: A governmental entity may not enter into a contract with a company engaged in business with Iran, Sudan or a foreign terrorist organization identified on a list prepared by the Texas Comptroller.

In signing this attachment, I attest that Moak Casey & Associates is in compliance with HB 89 and SB 252.

A handwritten signature in blue ink that reads "David J. Casey". The signature is written in a cursive, flowing style.

Partner

Moak, Casey & Associates  
910 S. Mopac Expressway  
Building III, Suite 310  
Austin, Texas 78746