## Form 804 (Revised 11/12)

Submit in duplicate to: Secretary of State Reports Unit P.O. Box 12028 Austin, TX 78711-2028 Phone: (512) 475-2705 FAX: (512) 463-1423 Dial: 7-1-1 for Relay Services

Filing Fee: See Instructions



## Periodic Report of a Limited Partnership

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In the Office of the Secretary of State of Texau

**Corporations Section** 

| File Number: 800585337   |               |                         |                            |                |                   |  |  |
|--|---------------|-------------------------|----------------------------|----------------|-------------------|--|--|
| 1. The name of the limited partnership is  | : (A name     | —<br>change requires an | amendment; see Instruct    | ions)          |                   |  |  |
| Hayman Capital Management, L.P.  |               | •                       | •                          | •              |                   |  |  |
|  |               | * <u>-</u>              | ·                          | <del></del>    |                   |  |  |
| 2. It is organized under the laws of: (Set for   | orth state or | foreign country)        | DE                         | =-             |                   |  |  |
| 3. The name of the registered agent is:  |               |                         |                            |                |                   |  |  |
| A. The registered agent is an organiz  | ation (ca     | nnot be entity nan      | ned above) by the na       | me of:         |                   |  |  |
| Hayman Investments, LLC  |               |                         |                            |                |                   |  |  |
| OR   |               |                         |                            |                | <del></del>       |  |  |
| B. The registered agent is an individu   | ual resido    | ent of the state.       | whose name is:             |                |                   |  |  |
|  |               |                         | whose hame is.             |                |                   |  |  |
| First Name   | MI            | Last Name               | · · · · · ·                |                | Suffix            |  |  |
| 4. The registered office address, which is   | identica      | I to the busines        | es address of the re-      | aintanad aa    | • •               |  |  |
| (Only use street or building address; see Instruction  | rs)           | i to the busines        | is address of the re       | gistered ag    | ent in Texas, is: |  |  |
| 2101 Cedar Springs Rd Suite 1400   |               | Dalla                   | ıs                         | TX             | 75201             |  |  |
| Street Address   |               | City                    |                            | State          | Zip Code          |  |  |
| 5. The address of the principal office in the  | ne Unite      | d States where          | the records are to b       | e kept or r    | nade available    |  |  |
| is: (Only use street or building address; see Instru   |               |                         |                            |                |                   |  |  |
| 2101 Cedar Springs Rd Suite 1400   |               | Dallas                  | TX                         | 75201          | USA               |  |  |
| Street or Mailing Address  |               | City                    | State                      | Zip Code       | Country           |  |  |
| 6. The names and addresses of all general partners of the limited partnership are: (Address changes are allowed; additions or deletions of general partners, or a name change of an existing general partner require an amendment; see Instruction 6.) |               |                         |                            |                |                   |  |  |
| NAME AND ADDRESS OF GENERAL PART   | NER (En       | ter the name of eith    | er an individual or an org | nament; see in | not both )        |  |  |
| IF INDIVIDUAL  |               |                         |                            | <u> </u>       | 10000011.77       |  |  |
|  |               |                         |                            |                |                   |  |  |
| First Name   | MI            | Last Name               |                            |                | Suffix            |  |  |
| OR IF ORGANIZATION   |               |                         |                            |                |                   |  |  |
| Hayman Investments, LLC  |               |                         |                            |                |                   |  |  |
| Organization Name  |               |                         |                            |                |                   |  |  |
| 2101 Cedar Springs Rd Suite 1400   |               | Dallas                  | TX                         | 75201          | USA               |  |  |
| Street or Mailing Address  |               | City                    | State                      | Zip Code       | Country           |  |  |

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| IF INDIVIDUAL   |   |  |   |                                       |  |  |
|---|---|--|---|---------------------------------------|--|--|
| First Name OR IF ORGANIZATION   | MI  | Last Name                                  |   | Suffix                                |  |  |
| Organization Name   |   |  |   |                                       |  |  |
| Street or Mailing Address   |   | City                                       | State Zip Code                                  | Country                               |  |  |
|   |   |  | ·   |                                       |  |  |
| NAME AND ADDRESS OF GENE<br>IF INDIVIDUAL   | KAL:PAR:INEK:(                            | Enter-the name of either and               | individual of an organization, t                | out not both;)                        |  |  |
| First Name OR IF ORGANIZATION   | MI  | Last Name                                  |   | Suffix                                |  |  |
| Organization Name   |   |  |   | · · · · · · · · · · · · · · · · · · · |  |  |
| Street or Mailing Address   |   | City                                       | State Zip Code                                  | Country                               |  |  |
| Execution: The undersigned affirms that the undersigned signs this document false or fraudulent instrument at the provisions of law governing | it subject to the p<br>nd certifies under | enalties imposed by penalty of perjury the | law for the submission hat the undersigned is a | of a materially                       |  |  |
| Date: June 25, 2013   |   | 6.5%                                       |   |                                       |  |  |
|   | Si  | gned on behalf of the                      | imited partnership                              |                                       |  |  |
|   | H   | Hayman Investments, LLC                    |   |                                       |  |  |
|   | B   | y (general partner)                        |   |                                       |  |  |



## TEXAS COMPTROLLER of PUBLIC ACCOUNTS

WWW.WINDOW.STATE.TX.US



June 26, 2013

HAYMAN CAPITAL MANAGEMENT, L.P. 2101 CEDAR SPRINGS RD STE 1400 DALLAS TX 75201-2134

TAX CLEARANCE LETTER FOR REINSTATEMENT\*

To: Texas Secretary of State

Corporation Section

Re: HAYMAN CAPITAL MANAGEMENT, L.P.

Taxpayer number: 32035274151 File number: 0800585337

The referenced entity has met all franchise tax requirements and is eligible for Teinstatement through 08/15/2013.

O'LEE F. WASHINGTON, II 2H51 - DALLAS NORTHEAST Enforcement Division 972-792-5800



\*The reinstatement must be filed with the Texas Secretary of State on or before the expiration date of this letter. After this date, additional franchise tax filing requirements must be met, and a new request for tax clearance must be submitted.

You can file for reinstatement online at <a href="http://www.sos.state.tx.us/corp/sosda/index.shtml">www.sos.state.tx.us/corp/sosda/index.shtml</a>. Forms and instructions for reinstatement are available at <a href="http://www.sos.state.tx.us/corp/forms">http://www.sos.state.tx.us/corp/forms</a> option.shtml or by calling 512-463-5582. This tax clearance letter must be attached to the reinstatement forms.

