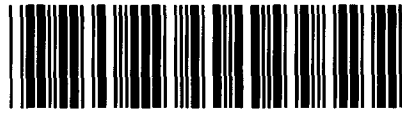


Control Number: 49779



Item Number: 687

Addendum StartPage: 0



RECEIVED

2019 AUG 28 AM 9:36

ELECTRICITY BROKER REGISTRATION FORM

FILING CLERK

PROJECT NO. 49779

**1. Check the most appropriate box to describe this submission:**

This is a new broker registration

This supplies information for a pending broker registration

This amends an existing, completed broker registration

Provide an explanation of the amendment:

---

**2. Authorized Representative or Attorney to contact about this application:**

<b>Name</b> Sana Ullah	<b>Title</b> President	
<b>Business Address</b> 115 S Travis, Box R15		
<b>City</b> Sherman	<b>State</b> TX	<b>Zip</b> 75090
<b>Telephone Number</b> (903) 436-4146		
<b>Email Address</b> sana@toplineatm.com		

**3. Registering Entity:** List the registering entity's legal name, business address, and telephone number.

<b>Name</b> Core Merchant Services, Inc dba Topline Distribution		
<b>Business address</b> 115 S Travis Ste 305		
<b>City</b> Sherman	<b>State</b> TX	<b>Zip</b> 75090
<b>Telephone Number</b> (903) 436-4146		

**4. Type of organization of registering entity:**

Sole proprietor  Other

Corporation

Limited Liability Company, L.L.C

Limited Partnership

1057

5. Description of the brokerage services provided by the registering entity and type of customers served

Description of Services:

---

Types of Customers: *Check all that apply*

- Residential                       Industrial                       Other  
 Commercial                       Municipalities

6. Other Names: List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #5 above, under which the registering entity intends to operate. Any name in which the corporation intends to operate must be registered with the Secretary of State.

1 <sup>st</sup> N/A	2 <sup>nd</sup> N/A
3 <sup>rd</sup> N/A	4 <sup>th</sup> N/A
	5 <sup>th</sup> N/A

7. Officers: Provide as Attachment A, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, if applicable.

Attachment A

8. Customer Service Contact: List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.

<b>Customer Service Department</b>	<b>Telephone Number</b> (903) 436-4146	<b>Email Address</b> sana@toplineatm.com
<b>Name</b> Sana Ullah	<b>Title</b> President	
<b>Business address</b> 115 S. Travis St, Box R15		
<b>City</b> Sherman	<b>State</b> TX	<b>Zip</b> 75090
<b>Telephone Number</b> 903 436 4146		
<b>Email Address</b> sana@toplineatm.com		

9. Regulatory contact person: List the name, physical business address, telephone number, and email address for a regulatory contact person.

<b>Name</b> Sana Ullah	<b>Title</b> President	
<b>Business address</b> 115 S. Travis Box R15		
<b>City</b> Sherman	<b>State</b> TX	<b>Zip</b> 75090
<b>Telephone Number</b> (903) 436-4146		
<b>Email Address</b> sana@toplineatm.com		

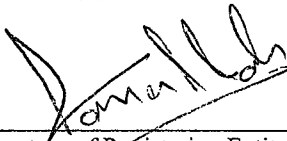
**10. Secretary of State Record.** I hereby affirm to the Secretary of State and provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the company is authorized to transact business in Texas.

Copy of Secretary of State certificate of status is attached.

**AFFIDAVIT**

My name is Sana Ullah. I am the President of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

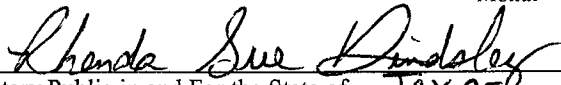


\_\_\_\_\_  
Signature of Registering Entity's Owner, Partner, or Officer

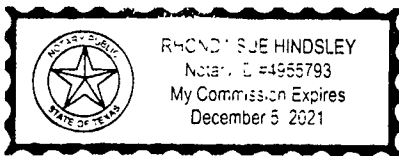
Sana Ullah  
Printed Name

Core Merchant Services Inc dba Topline Distribution  
Name of Registering Entity

Sworn and subscribed before me this 26<sup>th</sup> day of August, 2019.  
Month Year



\_\_\_\_\_  
Notary Public in and For the State of TEXAS.  
My commission expires on 12-5-2021.





# CORE MERCHANT SERVICES, INC.

## Officers and Directors

<b>President</b>	Sana Ullah	115 S Travis St, Box R15, Sherman TX 75090	<a href="mailto:sana@toplineatm.com">sana@toplineatm.com</a>	903.436.4146
<b>Secretary</b>	Joyce Ullah	115 S Travis St, Box R15, Sherman TX 75090	<a href="mailto:joyce@toplineatm.com">joyce@toplineatm.com</a>	903.821.0064
<b>Director</b>	Sana Ullah	115 S Travis St, Box R15, Sherman TX 75090	<a href="mailto:sana@toplineatm.com">sana@toplineatm.com</a>	903.436.4146
<b>Director</b>	Joyce Ullah	115 S Travis St, Box R15, Sherman TX 75090	<a href="mailto:joyce@toplineatm.com">joyce@toplineatm.com</a>	903.821.0064



## Franchise Tax Account Status

As of : 08/26/2019 13:00:15

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

### CORE MERCHANT SERVICES, INC.

**Texas Taxpayer Number** 19434764155

**Mailing Address** 115 S TRAVIS STE 305 SHERMAN, TX 75090

**Right to Transact Business in Texas** ACTIVE

**State of Formation** TX

**Effective SOS Registration Date** 04/14/2009

**Texas SOS File Number** 0801110297

**Registered Agent Name** SANA ULLAH

**Registered Office Street Address** 909 WESTERN HILLS DRIVE SHERMAN, TX 75092