

1.) CORPORATION NAME:

**CCC GROUP, INC.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0513426**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5797 DIETRICH RD

CITY/ST/ZIP: SAN ANTONIO, TX 78219

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ARTHUR D HUEBNER TITLE: PRESIDENT / CEO ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J HENNING TITLE: EXECUTIVE VP ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH R HUEBNER TITLE: EXECUTIVE VP ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MILTON D HUEBNER TITLE: EXECUTIVE VP ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACK R HOCKEY TITLE: VICE PRESIDENT ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NITA B MCBRIDE TITLE: TREASURER ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOE A GARZA TITLE: SECRETARY ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JACK F FARRIS TITLE: DIRECTOR ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220-0350	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TIMOTHY S GEPPERT TITLE: DIRECTOR ADDRESS: PO BOX 200350 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOE A GARZA	JOE A GARZA, SECRETARY	6/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.