

DISCLOSURE FORM - INDIVIDUAL

(Complete in Duplicate. Forward one (1) copy with the required attachments to the financial Services Unit)

GENERAL INSTRUCTIONS

TYPE OR PRINT AS LEGIBLY AS POSSIBLE. AN ANSWER TO EVERY QUESTION IS REQUIRED. IF A QUESTION DOES NOT APPLY TO YOU INDICATE WITH "N/A". IF SPACE IS INSUFFICIENT, USE A SEPARATE SHEET.

ALL INDIVIDUALS ARE ADVISED THAT THIS PERSONAL HISTORY RECORD IS AN OFFICIAL DOCUMENT AND ANY MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION REQUESTED MAY BE DEEMED TO BE SUFFICIENT CAUSE FOR THE REFUSAL OR REVOCATION OF HIS/HER APPLICATION/LICENCE.

Place Photo Here

| LAST NAME ¹ Ulbricht | |
|---|--|
| FIRST NAME Ross | |
| MIDDLE NAME(S) William | |
| ALIASES (Maiden or other name changes - Include date of change) | |
| SOCIAL SECURITY NO. or 628-16-NATIONAL ID NO. | |

¹ Provide a copy of your birth certificate, passport, Social Security/National ID, and Driver's license.

| Additional Personal Information | 1: |
|--|---|
| Date of Birth 03/11984 | Place of Birth Austin, TX |
| | Passport No. 488 |
| Mother's Maiden Name LaCava | |
| Drivers License No. 18 | State Issued Texas |
| Color of Eye Hazel Color of Hair E | |
| Weight 10 lbs Height 6'2" | Build thin |
| Distinguishing Marks none | |
| Current Residence Address: | Date Since 05/ 2012 |
| StreetOrive | Apt/House No. 5602 |
| City Austin S | _{tate} _Texas |
| Country USA Z | Cip Code |
| Communication Numbers: | |
| Residence Telephone () | Cell Phone _(717)650- |
| Business Telephone () | Fax No. () |
| Email Address <u>rossulbricht@gmail.co</u> | <u>om</u> |
| RESIDENCES (List all residences (other | er than current) you have had for the last ten (1 |
| years) | |
| 1. From 09/2009 To 05/ | 16/2012 |
| Street | Apt/House No. |
| City Austin S | tate Texas |
| | ip Code _ 78703 |
| | |
| 2. From <u>07/2006</u> To <u>09/2</u> | 2009 |
| Street | Apt/House No. |
| A A. II | — |
| City State College State Country USA Z | _{tate} <u>Pennsylvania</u> |

From 05/2002 To 07/2006

3.

| Street_ | | | Apt/House No. | |
|---------------------------------|------------------|-------------|------------------------|---------------------------|
| City Richardson | | S | tate Texas | |
| Country USA | | Z | ip Code 75080 | |
| | | | | |
| | | | | |
| | | | | |
| Marital Informat | tion: | | | |
| Single X Married S | Separated 🔲 I | Divorced | ☐ Widowed ☐ Eng | aged 🗌 |
| Current Marriage ² : | | | | |
| Date | · | Place/Cit | у | |
| State | | | | |
| Spouse's Full Name (Ma | | | | |
| Spouse's Place of Birth | | | | |
| Spouse's Residence (if d | | | | |
| City | | St | cate | |
| Country | | Z | ip Code | |
| Spouse's Residence Tele | phone (if diff | erent) | | |
| Spouse's Business Telep | hone | | Cell Pho | one |
| Spouse's Employer | | | Occupation | |
| Address of Spouse's Em | ployer | Street | | |
| City | | St | ate | |
| Country | | | | |
| Previous Marriages/En | 0 0 | | | |
| (If ever legally separated, div | orced or annulle | d, indicate | below) | |
| Name of Spouse 1 | Date of Order | r/Decree | Nature of Action | City/Sate/Country |
| | | | A COURSE OF LIGHT | July Country |
| | | | | |
| | · · · | | | |
| | | | | |
| List the names, birth dates. | and addresses o | of pravious | enouses If engaged out | or future enouge with not |

² Please provide a copy of your marriage certificate

| Name | Jame Birth Date Address | | |
|------|-------------------------|--|--|
| | | | |
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Family Information

Children and Dependents: List all children, including stepchildren and adopted children and provide the following:

| Name | Name Birth Date | | Name Birth Date Addr | | Occupation |
|------|-----------------|--|----------------------|--|------------|
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Parents: List parents, parents-in-law, or legal guardian and provided the following:

| Name | Birth Date | Address | Occupation |
|-------------------------|---------------------------------------|------------------|------------|
| Father: VIDricht | 1949 | Austin, TX 78749 | Retired |
| Mother: Lim Ulbricht | 1949 | Austin, TX 78749 | Retired |
| Father-in-Law: | · · · · · · · · · · · · · · · · · · · | | |
| Mother-in-Law: | | | |
| | | | L. |

Brothers and Sisters: List all brothers and sisters and provide the following:

| Name | Birth Date | Address | Occupation |
|-----------|------------|-------------|------------|
| CUlbricht | 1979 | Sydney, NSW | Sales |
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION

List all academic and trade schools attended:

| | School Name | Address | Dates Attended | Graduated |
|--------------------|----------------------------------|--|----------------------|-----------|
| High School | Westlake High Scool | 4100 Westbank Dr. Austin, TX 78746 | 08/1998 - 05/2002 | Yes X No |
| College/University | University of Texas at Dallas | 800 Campbell Rd. Richardson, TX 75080 | 08/2002 - 05/2006 | Yes X No |
| College/University | Pennsylvania State University | 417 Old Main University Park, PA 16802 | 07/2006 - 09/2009 | Yes X No |
| College/University | | | | Yes No |
| Trade | | | | Yes No |

List all Academic Degrees Conferred:

| Degree | College/University | Date |
|-------------------------|-----------------------|---------|
| B. S. Physics | UT Dallas | 05/2006 |
| M. S. Materials Science | Penn State University | 05/2009 |

EMPLOYMENT HISTORY: Beginning with your current employment, list your work history, all business with which you have been involved, and/or all periods of unemployment for the past 10 years. Also, list all corporations, partnerships or any other business ventures with which your have been associated as an officer, director, stockholder, or related capacity.

(If self-employed provide the name, address and nature of Business)

| Note: May we contact your current employer? | Yes | x | No | |
|---|-----|---|----|--|
|---|-----|---|----|--|

| Name of Employer | Address of Employer (Include Tel. No.) | r (Include (Month and | | Reason for Leaving | |
|------------------------------|--|--|------------------------------|-----------------------|---|
| Self (IT consulting) | Austin, TX 78749 (717) 650- | N/A Supervisor's Name: N/A | From 03/2011 - present | То | current |
| Good Wagon Books | Austin, TX 78754 (512) 522- | owner/manager Supervisor's Name: N/A | From 11/2009 - 05/2011 | То | Business was |
| Market Research Institute | University Park, PA 16802 | Doctoral Researcher Supervisor's Name: Darrell S | From 07/2006 - 09/2009 | То | Employer moved I wanted to become an entrepreneur |
| Unstitute | Richardson, TX 75080 | Research Assistant Supervisor's Name: Anvar Z | From 02/2004 -05/2006 | То | Moved to Pennsylvania for Grad School |

MILITARY INFORMATION

| Yes ³ | No | X | |
|------------------|--------------|---------------------|-------------------|
| | _ | | |
| | | | |
| Type of Disc | harge_ | | |
| Serial Numb | er | | |
| | Type of Disc | Type of Discharge _ | Type of Discharge |

³ Provide a copy of your USA military record, (DD214) or discharge papers from country of military service

| While in the Military service were you ever arrest action, a trial, or special or general court martial? details.) | ted for a | an offer | nse, wh | nich resu | | summary s, furnish |
|--|-------------------|---------------------|-------------------|---------------------|---------------------|-----------------------|
| | | | | | | |
| ARRESTS, DETENTIONS, AND L which your were not convicted. | ATIG | ATI(| ONS | (Include | those | arrests in |
| Have you ever been arrested, detained, charged criminal offense or violation for any reason what event? (Except Minor traffic citations.) Have investigative hearing or probe? If so give details. I | itsoever you e | , regard ver tes | iless o tified | f the di before | spositio a grand | on of the |
| No | | | | • | | |
| Have you ever been subpoenaed to appear to testify board or commission? Yes \sum No | y before | a feder | | e, or co | | and jury, |
| Has a criminal indictment, information, or complewhich you were not arrested or in which you were not arrest | amed a | er been s an un- | return indicte | ed agair d co-pa | nst you rty? | , but for |
| | | | | | | |
| Have you ever received a pardon for any criminal of If yes, note Date, City, County, State and Country. | fense? | | Yes | | No | X |

| Have | you eve | er had a | civil o | r criminal record exp | ounged or sealed by a cour | t order? |
|-------|-----------|------------------------|---------|-------------------------|--|-------------------------|
| Yes | | No | х | If yes, give details | | |
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| | | | | | partner, director or offic | |
| | | or other livorces) | | | to a lawsuit as either a | plaintiff or defendant? |
| (Othe | er than d | livorces) | . Yes | □ No x | to a lawsuit as either a gion, including bankruptcie | |
| (Othe | er than d | livorces) | . Yes | □ No x | | |
| (Othe | er than d | livorces) etails. I | . Yes | Cases without except | ion, including bankruptcie | es: |
| (Othe | er than d | livorces) etails. I | . Yes | Cases without except | ion, including bankruptcie | es: |
| (Othe | er than d | livorces) etails. I | . Yes | Cases without except | ion, including bankruptcie | es: |
| (Othe | er than d | livorces) etails. I | . Yes | Cases without except | ion, including bankruptcie | es: |
| (Othe | er than d | livorces) etails. I | . Yes | Cases without except | ion, including bankruptcie | es: |

CHARACTER REFERENCES

Complete the following tables by listing three (3) character references who have known you for five (5) years or more. DO NOT include relatives, present employer, or employees:

| First Name/Middle Initial | Last Name | 7 | Years Known | | |
|---|----------------------------------|-------------|----------------------|--|--|
| Alden L | S | | 20 | | |
| Address | City/State/Zip Code | | Occupation | | |
| Employer | Work Phone | Home Pl | none | | |
| | | | | | |
| First Name/Middle Initial | Last Name | | Years Known | | |
| Mirza A | 9 | | 5 | | |
| Address | City/State/Zip Code | 1 | Occupation | | |
| Employer | Work Phone | Home Pl | e Phone | | |
| | | | | | |
| First Name/Middle Initial | Last Name | ١, | Years Known | | |
| Rene J | F | | 17 | | |
| Address | City/State/Zip Code | • | Occupation | | |
| Employer | Work Phone | Home Pl | none | | |
| | | | | | |
| | | | | | |
| Have you ever held a privil limited to the following: | leged or professional license in | n any state | e, including but not | | |
| Liquor | Boxing Pro | noter | | | |
| Real Estate Broker or Salesman | n Race Horse | Race Dog | Owner | | |
| Accountant | Jockey | | | | |
| Lawyer | Trainer or N | lanager | | | |

| Doctor | | Securities Dea | ler | | | |
|---|----------------------------|-------------------------------------|--------------------|------------------------|---------------------|------------------------|
| Casino Operator | | | | | | |
| If yes to the previous question, state type of disciplinary actions taken against you with | f license respect t | , where held, ye o these license | ears he | ld, and t | he natu | ire of any |
| Have you ever applied for citizenship of any (If yes give details) | y other o | ountry? | Yes | | No | x |
| Have you ever been the subject of any orde barring, suspending, or otherwise limiting practice or activity? Yes (If yes give details) | r, judgm your rig No | ent or decree of ht to engage in | f any f n any p | ederal c profession | or state onal or | authority business |
| I certify that the facts contained in this o knowledge and I further understand that a rejection. | disclosur ny false | e are true and statements on | l comp this for | olete to em shall | the be | st of my ounds for |
| I authorize investigation of all statements con above to give you any and all information coinformation they may have, personal or oinvestigation and the Government of Domin from utilization of such information. | oncernin otherwis | g my previous : e, and release | employ the co | ment ar mpany | id any j conduc | pertinent cting the |
| SIGNATURE | | DATE | | | | _ |
| Subscribed and sworn to before me this _ | | day of | | , | 200 . | |
| Notary Public | Comm | ission Expirat | ion Da | te | | |
| SEAL | | | | | | |

