

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003858

FILED
Jan 06, 2012
Secretary of State

Entity Name: GOODMAN NETWORKS INCORPORATED

Current Principal Place of Business:

6400 INTERNATIONAL PKWY
SUITE 1000
PLANO, TX 75093

New Principal Place of Business:

Current Mailing Address:

6400 INTERNATIONAL PKWY
SUITE 1000
PLANO, TX 75093

New Mailing Address:

FEI Number: 74-2949460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: GOODMAN, JOHN
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: C
Name: GOODMAN, JAMES
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: SD
Name: GOODMAN, JOSEPH M
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: DT
Name: GOODMAN, JONATHAN
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: D
Name: GOODMAN, JASON
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: P
Name: RON, HILL
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN GOODMAN

DCEO

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date