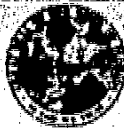


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002503 (0)

1. Corporation Name

MATRIX TELECOM. INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 2:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**SUITE 340
9003 AIRPORT FREEWAY
FORT WORTH TX 76180**

Mailing Address

**SUITE 340
9003 AIRPORT FREEWAY
FORT WORTH TX 76180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

n/a

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

75-2332193

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

22. City & State

23

Zip

Country

27. City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **TAYLOR, CHARLES G JR**
STREET ADDRESS **9003 AIRPORT FREEWAY, SUITE 340**
CITY - ST - ZIP **FORT WORTH TX 76180**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V**
NAME **JENSEN, JEFF**
STREET ADDRESS **2121 PRECINCT LINE RD.**
CITY - ST - ZIP **HURST TX 76054**

2.1 TITLE **V/S/D** ☒ Change ☐ Addition
2.2 NAME **Friedman, Gary L.**
2.3 STREET ADDRESS **9003 Airport Freeway, Suite 340**
2.4 CITY - ST - ZIP **Fort Worth, TX 76180**

TITLE **S**
NAME **FRIEDMAN, GARY**
STREET ADDRESS **9003 AIRPORT FREEWAY, SUITE 340**
CITY - ST - ZIP **FORT WORTH TX 76180**

3.1 TITLE **D/C** ☒ Change ☐ Addition
3.2 NAME **Sanders, E. Craig**
3.3 STREET ADDRESS **9003 Airport Freeway, Suite 340**
3.4 CITY - ST - ZIP **Fort Worth, TX 76180**

TITLE **T**
NAME **HORNER, CYMUN**
STREET ADDRESS **2121 PRECINCT LINE RD.**
CITY - ST - ZIP **HURST TX 76054**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **Baker, Virginia A.**
4.3 STREET ADDRESS **9003 Airport Freeway, Suite 340**
4.4 CITY - ST - ZIP **Fort Worth, TX 76180**

TITLE **C**
NAME **MIGA, DENNIS**
STREET ADDRESS **2121 PRECINCT LINE RD.**
CITY - ST - ZIP **HURST TX 76054**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Krieger, Janet**
5.3 STREET ADDRESS **9003 Airport Freeway, Suite 340**
5.4 CITY - ST - ZIP **Fort Worth, TX 76180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Nackowitz, Howard**
6.3 STREET ADDRESS **533 Airport Blvd, Suite 505**
6.4 CITY - ST - ZIP **Burlington, GA 30010**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia A. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Virginia A. Baker - CFO

4-26-95 (817)581-9380

Date

Signature Printed