

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002503

1. Entity Name

MATRIX TELECOM, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 046 ***150.00

Principal Place of Business

8721 AIRPORT FREEWAY
FORT WORTH TX 76180

Mailing Address

8721 AIRPORT FREEWAY
FORT WORTH TX 76180-7603

2. Principal Place of Business

8713 AIRPORT FREEWAY
Suite, Apt. #, etc.
SUITE 430

3. Mailing Address

8713 AIRPORT FREEWAY
Suite, Apt. #, etc.
SUITE 430

City & State

FT. WORTH, TX

City & State

FT. WORTH, TX

4. FEI Number

75-2332193

Applied For

Not Applicable

Zip

Country

76180

USA

Zip

Country

76180

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	PISANI, JAMES P	
STREET ADDRESS	8721 AIRPORT FREEWAY	
CITY-ST-ZIP	FORT WORTH TX 76180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAPA, ANTHONY	
STREET ADDRESS	8721 AIRPORT FREEWAY	
CITY-ST-ZIP	FORT WORTH TX 76180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, VIRGINIA A	
STREET ADDRESS	8721 AIRPORT FREEWAY	
CITY-ST-ZIP	FORT WORTH TX 76180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN S. HALL	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH TX 76180	
TITLE	WILLIAM M. FOLTZ, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH, TX 76180	
TITLE	EVA M. KALAWSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH, TX 76180	
TITLE	ROBERT JOUBRAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH, TX 76180	
TITLE	THOMAS T. GORES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH, TX 76180	
TITLE	CRAIG BROOKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIEF OPERATING OFFICER	
STREET ADDRESS	8713 AIRPORT FREEWAY, SUITE 430	
CITY-ST-ZIP	FT. WORTH, TX 76180	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG BROOKS, COO

Date

Daytime Phone #

405/951-9431

APRIL 28, 2000

CR2E034 (9/99)