2001.UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F9400002503 1. Entity Name MATRIX TELECOM, INC. 03-05-2001 90355 003 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 2049 CENTURY PARK EAST 8713 AIRPORT HREEWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2700 430 City & State Applied For City & State FEI Number FORT WORTH, JEXAS LOS ANGELES 75-23332193 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 90067 Fee Required 6.-Name and Address of Current-Registered Agent--7. -Name and Address of New Registered Agent--Name CT-CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5:00 May Be -10. -Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE THOMAS T. GORES ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CHAIRMAN 2049 CENTURY PARK EAST SVITE 2700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90067 CITY-ST-ZIP PRESIDENT ☐ Delete TITLE Change ☐ Addition WILLIAM D. SAVAGE NAME NAME 300 N-MER-101AN, SVITE-115-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY, OK 73108 CITY-ST-ZIP VICE-PRESIDENT ☐ Change Addition TITLE ☐ Delete TITLE WILLIAM M, FOLTZ, JR. NAME NAME 2019 CENTURY PARKEAST, SUITE 2700-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90067 SECRETARY ☐ Delete ☐ Addition Change TITLE EVA M. KALAWSKI NAME NAME 2049 CENTURY PARKEAST, SUITE 2700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90067 TREASUREA ROBERT T. JOUBRAN ☐ Addition ☐ Defete Change TITLE TITLE NAME NAME 2049 CENTURY PARK EAST, SUITE 2700 STREET ADDRESS STREET ADDRESS LOS ANGELES, CA 90067 CITY-ST-7IP CITY-ST-7IP ASSISTANT TREASURED ☐ Delete TITLE Change Addition NAME MARK READER NAME 2049 CENTURY PARK EAST, SUITE 2700 STREET ADDRESS STREET ADDRESS LOS ANGELES, CA 90067 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

The teby certify that the information supplied with this filling focus to exemption stated in Section 1937(3)(f), Fordia Statutes. 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.

11/21/1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

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