

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002503

Entity Name: MATRIX TELECOM, INC.

FILED
Apr 19, 2012
Secretary of State

Current Principal Place of Business:

433 E. LAS COLINAS BLVD.
STE 400
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

360 N CRESCENT DR SOUTH BLDG
BEVERLY HILLS, CA 90210

New Mailing Address:

FEI Number: 75-2332193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO
Name: OU, JERRY
Address: 433 E. LAS COLINAS BLVD., SUITE 400
City-St-Zip: IRVING, TX 75039

Title: AS
Name: WARD, SALLY A
Address: 360 N CRESCENT DR SOUTH BLDG
City-St-Zip: BEVERLY HILLS, CA 90210

Title: DVPS
Name: KALAWSKI, EVA M
Address: 360 N CRESCENT DR SOUTH BLDG
City-St-Zip: BEVERLY HILLS, CA 90210

Title: VPT
Name: JOUBRAN, ROBERT J
Address: 360 N CRESCENT DR SOUTH BLDG
City-St-Zip: BEVERLY HILLS, CA 90210

Title: VP
Name: SIGLER, MARY ANN
Address: 360 N CRESCENT DR SOUTH BLDG
City-St-Zip: BEVERLY HILLS, CA 90210

Title: CFO
Name: SIMPSON, MICHAEL
Address: 433 E. LAS COLINAS BLVD., SUITE 400
City-St-Zip: IRVING, TX 75039

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: SALLY A. WARD

AS

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date