

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90041 009 \*\*\*150.00

**DOCUMENT # F00000004147**

1. Entity Name

**MAXIM TECHNOLOGIES OF TEXAS, INC.**



Principal Place of Business

**14673 MIDWAY RD., STE. 210  
ADDISON, TX 75001**

Mailing Address

**3475 E FOOTHILL BLVD  
PASADENA, CA 91107 US**

**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number

**13-3264076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAINER, RANDOLPH B
STREET ADDRESS	6178 S STATLER STREET
CITY-ST-ZIP	SALT LAKE CITY, UT 84107
TITLE	D
NAME	HWANG, LI SAN
STREET ADDRESS	3475 E FOOTHILL BLVD
CITY-ST-ZIP	PASADENA, CA 91107
TITLE	VPS
NAME	LEMMON, RICHARD A
STREET ADDRESS	3475 E FOOTHILL BLVD
CITY-ST-ZIP	PASADENA, CA 91107
TITLE	VP
NAME	JASKA, JAMES M
STREET ADDRESS	3475 E FOOTHILL BLVD
CITY-ST-ZIP	PASADENA, CA 91107
TITLE	T
NAME	KING, DAVID W
STREET ADDRESS	3475 E FOOTHILL BLVD
CITY-ST-ZIP	PASADENA, CA 91107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 10 or Block 11 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

*Richard A Lemmon*

*2/19/04*

Date

*626 470 2478*

Daytime Phone #