

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F00000006430

1. Entity Name  
GEOMATRIX CONSULTANTS, INC.



Principal Place of Business  
2101 WEBSTER STREET, SUITE 1200  
OAKLAND, CA 94612

Mailing Address  
2101 WEBSTER STREET, SUITE 1200  
OAKLAND, CA 94612



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-2934407

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	SIMPSON, TIMOTHY
STREET ADDRESS	510 SUPERIOR AVE STE 200
CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	PD
NAME	DAUS, ANTHONY III
STREET ADDRESS	2101 WEBSTER STREET, SUITE 1200
CITY-ST-ZIP	OAKLAND, CA 94612
TITLE	CFOV
NAME	PRICE, JAMES C
STREET ADDRESS	2101 WEBSTER ST, SUITE 1200
CITY-ST-ZIP	OAKLAND, CA 94612
TITLE	DV
NAME	SHEAHAN, N. THOMAS
STREET ADDRESS	250 E. RINCON ST STE 204
CITY-ST-ZIP	CORONA, CA 92879
TITLE	CV
NAME	EMBREE, JAMES
STREET ADDRESS	620 COOLIDGE DR STE 185
CITY-ST-ZIP	FOLSOM, CA 95630
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80038-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

*James C. Price* JAMES C. PRICE

2/24/2007

510/663-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #