

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # F03000004045

1. Entity Name
ENTRUST TECHNOLOGIES, INC.



Principal Place of Business
16633 DALLAS PARKWAY, #800
ADDISON, TX 75001

Mailing Address
16633 DALLAS PARKWAY, #800
ADDISON, TX 75001



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1670648

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	CONNER, F. WILLIAM
STREET ADDRESS	16633 DALLAS PARKWAY, #800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	V
NAME	SIMZER, KEVIN
STREET ADDRESS	16633 DALLAS PARKWAY, #800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VS
NAME	KENDRY, JAMES
STREET ADDRESS	16633 DALLAS PARKWAY, #800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	D
NAME	DERRICK, JR, BUTLER
STREET ADDRESS	ONE HANOVER PARK, 16633 DALLAS PKWY #800
CITY-ST-ZIP	ADDISON, TX 750016901
TITLE	VCFO
NAME	WAGNER, DAVID
STREET ADDRESS	16633 DALLAS PARKWAY, #800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	D
NAME	SCHLOSS, DOUGLAS
STREET ADDRESS	ONE HANOVER PARK, 1633 DALLAS PKWY #800
CITY-ST-ZIP	ADDISON, TX 750016901

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02/14/08-80027-015 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J Wagner
David J Wagner

1/28/2008

972-713-5811