

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006315

1. Entity Name
TELEX COMMUNICATIONS, INC.



Principal Place of Business
**12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 55337-1522**

Mailing Address
**12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 55337-1522**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3707780

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
WOOLARD, EDGAR S
16952 PASSAGE ISLAND SOUTH
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MALPOCHER, RAYMOND V
12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 553371522**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ABELL, KEITH
GSCP, 500 CAMPUS DR, STE 220
FLORHAM PARK, NJ 07932**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MALPOCHER, RAYMOND V
12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 553371522**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HART, LEIGH P
12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 553371522**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RICHTER, GREGORY W
12000 PORTLAND AVE. SOUTH
BURNSVILLE, MN 553371522**

U00000132277
04/27/04-80034-024 150.00

**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)(b), 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:

Gregory W. Richter

Gregory W. Richter

4-20-04

952-884-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #