


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006315 1. Entity Name TELEX COMMUNICATIONS, INC.	
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Principal Place of Business 12000 PORTLAND AVE. SOUTH BURNSVILLE, MN 55337-1522	Mailing Address 12000 PORTLAND AVE. SOUTH BURNSVILLE, MN 55337-1522
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3707780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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

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05/04/06-80048-007 150.00

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:  **LEIGH HART** 4/19/06 952-887-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #