


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 050 ***150.00

DOCUMENT # F05000003030 1. Entity Name MATRIX ABSENCE MANAGEMENT, INC.					
Principal Place of Business 5225 HELLYER AVENUE #210 SAN JOSE, CA 95738-1001			Mailing Address 5225 HELLYER AVENUE #210 SAN JOSE, CA 95738-1001		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 11035			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State San Jose, CA			
Zip	Country	Zip 95103	Country USA		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROSENKRANZ, ROBERT 153 E 53RD #5900 NYC, NY 100221001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Robert M. 153 E. 53rd # 4900 New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICKSEN, MICHAEL 22087 PLAZA DR STE 100 ROCKLIN, CA 95765 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daurelle, Lawrence 2001 Market St. #1500 Philadelphia, PA 19103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZZINI, CHRISTOPHER 2001 MARKET ST. #1500 PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZUIRBULIS, IVARS 5225 HELLYER AVE #210 SAN JOSE, CA 951381001 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Zvirbulis, Ivars 5225 Hellyer Ave # 210 San Jose, CA 95138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILSON, SUZANNE 5225 HELLYER AVENUE #210 SAN JOSE, CA 957381001 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Wilson, Suzanne 5225 Hellyer Ave # 210 San Jose, CA 95138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICKSEN, MICHAEL 5225 HELLYER AVENUE #210 SAN JOSE, CA 957381001 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fredericksen, Michael 2208 Plaza Drive, Suite 100 Rocklin, CA 95765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mike Fredericksen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/21/08</u> (866) 560-1447 <small>Daytime Phone #</small>		

Mike Fredericksen