

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003030

FILED
Apr 29, 2009
Secretary of State

Entity Name: MATRIX ABSENCE MANAGEMENT, INC.

Current Principal Place of Business:

5225 HELLYER AVENUE #210
SAN JOSE, CA 957381001

New Principal Place of Business:

5225 HELLYER AVENUE #210
SAN JOSE, CA 95138

Current Mailing Address:

P.O. BOX 11035
SAN JOSE, CA 95103

New Mailing Address:

5225 HELLYER AVENUE #210
SAN JOSE, CA 95138

FEI Number: 77-0493584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROSENKRANZ, ROBERT
Address: 153 E 53RD #5900
City-St-Zip: NYC, NY 100221001

Title: D () Delete
Name: DAURELLE, LAWRENCE
Address: 2001 MARKET ST. #1500
City-St-Zip: PHILADELPHIA, PA 19103

Title: D () Delete
Name: FAZZINI, CHRISTOPHER
Address: 2001 MARKET ST. #1500
City-St-Zip: PHILADELPHIA, PA 19103

Title: DP () Delete
Name: ZVIRBULIS, IVORS
Address: 5225 HELLYER AVE #210
City-St-Zip: SAN JOSE, CA 95138

Title: VPS () Delete
Name: WILSON, SUZANNE
Address: 5225 HELLYER AVE #210
City-St-Zip: SAN JOSE, CA 95138

Title: T () Delete
Name: FREDERICKSEN, MICHAEL
Address: 2208 PLAZA DRIVE, SUITE 100
City-St-Zip: ROCKLIN, CA 95765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: ZVIRBULIS, IVARS
Address: 5225 HELLYER AVE #210
City-St-Zip: SAN JOSE, CA 95138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE WILSON

VPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date