2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F05000003030

Entity Name: MATRIX ABSENCE MANAGEMENT, INC.

Current Principal Place of Business:

181 METRO DR., SUITE 300
SAN JOSE, CA 95110

New Principal Place of Business:

Current Mailing Address:

181 METRO DR., SUITE 300
SAN JOSE, CA 95110

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: DP
Name: ZVIRBULIS, IVARS
Address: 181 METRO DR., SUITE 300
City-St-Zip: SAN JOSE, CA 95110

Title: VPS
Name: WILSON, SUZANNE
Address: 181 METRO DR., SUITE 300
City-St-Zip: SAN JOSE, CA 95110

Title: T
Name: FREDERICKSEN, MICHAEL
Address: 1420 ROCKY RIDGE DR., SUITE 270
City-St-Zip: ROSEVILLE, CA 95661

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE WILSON VPS 04/26/2012

Electronic Signature of Signing Officer or Director Date