

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003858

FILED
Feb 26, 2009
Secretary of State

Entity Name: GOODMAN NETWORKS INCORPORATED

Current Principal Place of Business:

6400 INTERNATIONAL PKWY
SUITE 1000
PLANO, TX 75093

New Principal Place of Business:

Current Mailing Address:

6400 INTERNATIONAL PKWY
SUITE 1000
PLANO, TX 75093

New Mailing Address:

FEI Number: 74-2949460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
A
TALLAHASSEE, FL 32301 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: DCEO () Delete
Name: GOODMAN, JOHN
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: C () Delete
Name: GOODMAN, JAMES
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: SD () Delete
Name: GOODMAN, JOSEPH M
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: DT () Delete
Name: GOODMAN, JONATHAN
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: D () Delete
Name: GOODMAN, JASON
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

Title: P () Delete
Name: WADE, DANNY
Address: 6400 INTERNATIONAL PKWY, STE 1000
City-St-Zip: PLANO, TX 75093

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

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: DANNY WADE

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date