

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000946 (4)

1. Corporation Name  
T-NETIX, INC.



Principal Place of Business

67 INVERNESS DR EAST  
#100  
ENGLEWOOD CO 80112  
US

Mailing Address

67 INVERNESS DR EAST  
#100  
ENGLEWOOD CO 80112  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1993

4. FEI Number

84-1037352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 67 Inverness Drive East

Suite, Apt. #, etc.

22 #100

City & State

23 Englewood, CO

Zip

24 80112

Country

25 USA

2a. Mailing Address

26 67 Inverness Drive East

Suite, Apt. #, etc.

27 #100

City & State

28 Englewood, CO

Zip

29 80112

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D JAMES L MAUN  
STREET ADDRESS 67 INVERNESS DR EAST #100  
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME D CARNEY, DANIEL M  
STREET ADDRESS 67 INVERNESS DR EAST #100  
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME COB HUZJAK, THOMAS J  
STREET ADDRESS 67 INVERNESS DR EAST #100  
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME S GIANNAULA, JOHN  
STREET ADDRESS 67 INVERNESS DR EAST #100  
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME DVPT ALVYN, SCHOPP A  
STREET ADDRESS 67 INVERNESS DR EAST #100  
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME JAMES L. MANN

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

80112

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

80112

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

80112

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

80112

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

80112

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/15/98

308-790-9111

CR2E034 (10/97)