

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # F94000003421 (4)

1. Corporation Name

Matrix Financial Services Corporation

Principal Place of Business

**201 W. Coolidge St #100
Phoenix, Az 85013**

Mailing Address

**201 W. Coolidge St #100
Phoenix, Az 85013**

3. Date Incorporated or Qualified
6/29/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FFI Number
35-156092

Applied Fee
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip

28. Zip

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Country

29. Country

8. This corporation has liability for income tax under s. 190.04,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324**

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 607.08(1) and 607.09(1), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered agent. I am a shareholder and a director of the corporation and I am authorized to execute this statement on behalf of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: **President/Director**
Gibson, Guy A.
STREET ADDRESS: **1380 Lawrence St Suite 1410**
CITY, STATE, ZIP: **Denver, CO 80204**

NAME: **EVP, COO, CFO, Director**
Osselaer, Thomas J.
STREET ADDRESS: **201 W. Coolidge St. #100**
CITY, STATE, ZIP: **Phoenix, Az 85013**

NAME: **Director**
Schmitz, Richard V.
STREET ADDRESS: **1380 Lawrence St #1410.**
CITY, STATE, ZIP: **Denver, CO 80204**

NAME: **Director**
Spencer, D. Mark
STREET ADDRESS: **1380 Lawrence St #1410**
CITY, STATE, ZIP: **Denver, CO 80204**

NAME: **Director**
Kloos, David
STREET ADDRESS: **1380 Lawrence St #1410**
CITY, STATE, ZIP: **Denver, CO 80204**

NAME: **Director**
Kloos, David
STREET ADDRESS: **1380 Lawrence St #1410**
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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
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*****225.00**

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

800-243-6372

CR2E034 (3/96)