

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90142 023 ***150.00

0656217 AT

DOCUMENT # F94000003421

1. Entity Name
MATRIX FINANCIAL SERVICES CORPORATION



Principal Place of Business
2133 WEST PEORIA AVENUE, SUITE 100
PHOENIX AZ 85029

Mailing Address
2133 WEST PEORIA AVENUE, SUITE 100
PHOENIX AZ 85029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-1560092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CO** ☒ Delete
NAME **GIBSON, GUY A.**
STREET ADDRESS **1380 LAWRENCE STREET, SUITE 1410**
CITY-ST-ZIP **DENVER CO 80204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHMITZ, RICHARD V**
STREET ADDRESS **1380 LAWRENCE STREET, #1410**
CITY-ST-ZIP **DENVER CO 80204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPENCER, DAVID M**
STREET ADDRESS **1380 LAWRENCE ST. #1410**
CITY-ST-ZIP **DENVER CO 80204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SKIBA, STEPHEN G**
STREET ADDRESS **1380 LAWRENCE ST. #1410**
CITY-ST-ZIP **DENVER CO 80204**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLOOS, DAVID**
STREET ADDRESS **1380 LAWRENCE ST. #1410**
CITY-ST-ZIP **DENVER CO 80204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MUNFORD, JIM**
STREET ADDRESS **2133 W. PEORIA AVE.**
CITY-ST-ZIP **PHOENIX AZ 85029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angela R. Beckstead

SVP-DA

3/2/03

602-749-2446

Date

Daytime Phone #

CR2E034 (10/02)