2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am **DOCUMENT # F94000005734 Secretary of State** 1. Entity Name 05-03-2004 90431 017 ***150.00 TERION, INC. Principal Place of Business Mailing Address 6505 WINDCREST SUITE 200 6505 WINDCREST SUITE 200 **PLANO TX 75024 PLANO TX 75024** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3270837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition UGALE, RAVI M NAME STREET ADDRESS STREET ADDRESS 1 NORTH CLEMATIS STREET WEST PALM BEACH FL 33401 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Channe Addition BROWN, JAMES W NAME NAME 435 DEVON PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAYNE PA 19087 CITY-ST-ZIP ☐ Delete ☐ Change TITLE DCEO TITLE Addition CRANSTON, KEN NAME GARY MCARTHUR 1025 W. NASA BLVD STREET ADDRESS STREET ADDRESS 6505 WIND CREST CITY - ST - ZIP **PLANO TX 75024** CITY-ST-7IP MELBOURNE, FL 32919 Addition ☐ Delete TITLE ☐ Change THOMAS G. REBAR FRANZ, WILLIAM H NAME NAME 1200 LIBERTY RIDGE Dr, #200 1801 PARK 270 DRIVE, SUITE 400 STREET ADDRESS STREET ADDRESS **ST LOUIS MO 63146** CITY - ST - ZIP CITY-ST-ZIP WAYNE PA 19087 TITLE ☐ Deléte TITLE Change Addition TODD FELKER WONG, YUNG NAME NAME 6505 WINDCREST, STE 200 29 ALDEN ROAD STREET ADDRESS STREET ADDRESS GREENWICH CT 06831 PLAND, TX 75024 CITY - ST- ZIF CITY-ST-ZIP VPF/CFO Delete ☐ Change **₩** Addition TITLE BORIGHT, MARK JAMES HAJEK NAME NAME 6505 WINDCREST USDS WINDCREST, STE 200 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP **PLANO TX 75024** CITY-ST-7IP PLAND, TK 75024 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.

FILED