


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000005734					
1. Entity Name TERION, INC.					
Principal Place of Business 5465 LEGACY DR SUITE 700 PLANO TX 75024 US			Mailing Address 5465 LEGACY DR SUITE 700 PLANO TX 75024 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UGALE, RAVI M			NAME	
STREET ADDRESS	1 NORTH CLEMATIS STREET			STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL 33401			CITY- ST- ZIP	U00000557869 05/17/06-80066-019 150.00
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES W			NAME	
STREET ADDRESS	435 DEVON PARK DRIVE			STREET ADDRESS	
CITY- ST- ZIP	WAYNE PA 19087			CITY- ST- ZIP	
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANSTON, KEN			NAME	
STREET ADDRESS	6505 WIND CREST			STREET ADDRESS	
CITY- ST- ZIP	PLANO TX 75024			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, WILLIAM H			NAME	
STREET ADDRESS	1801 PARK 270 DRIVE, SUITE 400			STREET ADDRESS	
CITY- ST- ZIP	ST LOUIS MO 63146			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, YUNG			NAME	
STREET ADDRESS	29 ALDEN ROAD			STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT 06831			CITY- ST- ZIP	
TITLE	CFO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAJEK, JAMES			NAME	
STREET ADDRESS	6505 WINDCREST, STE 200			STREET ADDRESS	
CITY- ST- ZIP	PLANO TX 75024			CITY- ST- ZIP	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3270837** Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent

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

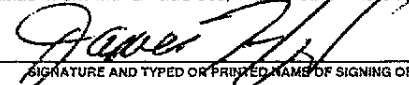
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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NAME	UGALE, RAVI M			NAME			
STREET ADDRESS	1 NORTH CLEMATIS STREET			STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33401			CITY- ST- ZIP	U00000557869 05/17/06-80066-019 150.00		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY- ST- ZIP	WAYNE PA 19087			CITY- ST- ZIP			
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CITY- ST- ZIP	PLANO TX 75024			CITY- ST- ZIP			
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NAME	HAJEK, JAMES			NAME			
STREET ADDRESS	6505 WINDCREST, STE 200			STREET ADDRESS			
CITY- ST- ZIP	PLANO TX 75024			CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **James Hajek** 4-27-06 972-398-731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #