


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90033 001 \*\*\*600.00

<b>DOCUMENT # F97000000316</b>	
1. Entity Name T-NETIX TELECOMMUNICATIONS SERVICES, INC.	

Principal Place of Business 2155 CHENAUT DR, SUITE 410 CARROLLTON, TX 75006	Mailing Address 2155 CHENAUT DR, SUITE 410 CARROLLTON, TX 75006
---	---

66025246



2. Principal Place of Business 14651 Dallas Parkway Suite, Apt. #, etc. Suite 600 City & State Dallas, TX Zip 75254	Country Dallas	3. Mailing Address Same City & State as No. 2 Zip as	Country as
--	-------------------	---	---------------

06172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CREE, RICHARD E 1544 VALWOOD PKWY., #102 CARROLLTON, TX 75006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD FALCONE 14651 Dallas Parkway, Suite 600 Dallas, TX 75254 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, II, WAYNE A 1544 VALWOOD PKWY., #102 CARROLLTON, TX 75006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, ASST. SEC. KEITH KELSON 14651 Dallas Parkway, Suite 600 Dallas, TX 75254 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOPFER, HENRY G 1544 VALWOOD PKWY., #102 CARROLLTON, TX 75006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Brian Schwantx 1001 Brickell Bay Drive, 27th Floor Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREE, RICHARD E 1544 VALWOOD PKWY #102 CARROLLTON, TX 75006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD E CREE 5956 Sherry Lane, Suite 1000 Dallas, TX 75254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOLLON, KENDALL E 1544 VALWOOD PKWY #102 CARROLLTON, TX 75006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Lewis Schwenwetter 1001 Brickell Bay Drive, 27th Floor Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/05

972 277-0310