2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700000316 1. Entity Name T-NETIX TELECOMMUNICATIONS SERVICES, INC.				O3 AUG -5 AH 9: 30 SECRETARY OF STATE TALLAHASSEE FLORIDA			
	e of Business T DR. SUITE 410 TX 75006	Mailing Address 2155 CHNUALT DR. SUIT CARROLLTON TX 75006	E 410		MELATIASSEE HLORIDA		
2. Principal Place of Business 3. Mailing Ac		3. Mailing Address	4ddress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 75-2212916 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent		
	_		Name				
NRAI SERVICES, INC. 526 E-PARK AVENUE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE FL 32301	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) (B/05/0301072011) **50 " (B) City					
			City		FL Zip Code		
After Se	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.00 to Payable to Florida Department of \$100.000 feet.	0	E: Registered Agent signatur	e required v	DATE 9. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees		
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, TOM 1544 VALWOOD PKWY., #102 CARROLLTON TX 75006	Delete	NAME	154 154	Sident Change Maddition CREAT. Meitener HYAIWOOD PARKWY. HDD CROILLON, TX. 7500L		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, WAYNE 1544 VALWOOD PKWY., #102 CARROLLTON TX 75006	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	(FO)	oldirector Change Xi Addition TX. 75006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOPFER, HANK 1544 VALWOOD PKWY., #102 CARROLLTON TX 75006	☐ Delete	TITLE NAME STREET ADDRESS	MSC Ken 154	ot. Secretary Change Maddition and Ewer Hollon Howard Plus, #102 2001/2011/2011/2011/2011/2011/2011/2		
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ 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 attaching in with an address, with all other like empowered.

SIGNATURE