

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004118

1. Entity Name
NATIONAL TELEMAGEMENT CORPORATION



Principal Place of Business
2777 STEMMONS FREEWAY
SUITE 700
DALLAS, TX 75207

Mailing Address
487 E MIDDLEFIELD RD
MOUNTAIN VIEW, CA 94043



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2051548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000074165
03/03/04-80007-002 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
SCLAVOS, STRATTON D
487 EAST MIDDLEFIELD ROAD
MOUNTAIN VIEW, CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ULAM, JAMES MICHAEL
487 EAST MIDDLEFIELD ROAD
MOUNTAIN VIEW, CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BERGMANN, JEFFREY
487 EAST MIDDLEFIELD ROAD
MOUNTAIN VIEW, CA 94043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

JEFFREY K. BERGMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/04

Daytime Phone #

650/426-3578