



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-01-2005 90033 001 ***600.00

DOCUMENT # F97000004630 1. Entity Name EVERCOM SYSTEMS, INC.					
Principal Place of Business 8201 TRISTAR DRIVE IRVING, TX 75063			Mailing Address 8201 TRISTAR DRIVE IRVING, TX 75063 US		
2. Principal Place of Business <i>14651 Dallas Parkway</i> Suite, Apt. #, etc. <i>Suite 600</i> City & State <i>Dallas, TX</i> Zip <i>75254</i>		3. Mailing Address <i>Same as No. 2</i> Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 75-2722144				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FALCONE, RICHARD 8201 TRISTAR DR IRVING, TX 75063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICK CREE 5956 Sherry Lane, Suite 1000 Dallas, TX 75225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT KELSON, KEITH S 8201 TRISTAR DR IRVING, TX 75063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIAN SCHWARTZ 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	DC HANSON, ERIC J 801 BRICKELL AVE., STE. 2580 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEWIS SCHOENWETTER 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 FALCONE, RICHARD 8201 TRISTAR DRIVE IRVING, TX 75063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO RICHARD FALCONE 14651 Dallas Parkway, Suite 600 Dallas, TX 75254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS GAINES, JENNIFER P 8201 TRISTAR DR. IRVING, TX 75063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, TREASURER, ASST. SECY KEITH KELSON 14651 Dallas Parkway, Suite 600 Dallas, TX 75254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/4/05 <small>Date</small>		
_____ <small>Daytime Phone #</small>			972-277-0310 <small>Daytime Phone #</small>		