

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000025238 (3)

1. Corporation Name

COMATRIX SOUTHEAST, INC.



Principal Place of Business

Mailing Address

1628 130TH AVE NE  
BELLEVUE WA 98005

1628 130TH AVE NE  
BELLEVUE WA 98005

*Pls. change*

2. Principal Place of Business

2a. Mailing Address

21 2952 N.W. 60TH STREET

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT LAUDERDALE, FL

28 Zip

24 33309

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/29/1995

3a. Date of Last Report

4. FEI Number

65-0581894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST, 105  
TALLAHASSEE FL 32301

81 Name MARTIN A. HERRERA

82 Street Address (P.O. Box Number is Not Acceptable)  
2952 N.W. 60TH STREET

83

84 City FORT LAUDERDALE

FL

85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Martin A. Herrera V.P.

SIGNATURE

(Type or print name of registered agent and the applicant.)

(2001: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME Martin A. Herrera Vice Pres.  
STREET ADDRESS 2952 N.W. 60th Street  
CITY-ST-ZIP Fort Lauderdale, FL 33309  
TITLE ☐ DELETE  
NAME Michael Pachelli President  
STREET ADDRESS 2952 N.W. 60th Street  
CITY-ST-ZIP Fort Lauderdale, FL 33309  
TITLE ☐ DELETE  
NAME Narayana Padmanabhan Director  
STREET ADDRESS 2952 N.W. 60th Street  
CITY-ST-ZIP Fort Lauderdale, FL 33309  
TITLE ☐ DELETE  
NAME Norman Silver Director  
STREET ADDRESS 1628 130th Avenue NE  
CITY-ST-ZIP Bellevue, WA 98005  
TITLE ☐ DELETE  
NAME Robert J. Bernstein Director  
STREET ADDRESS 1171 E. Ash Avenue  
CITY-ST-ZIP Fullerton, CA 92631  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 (954) 975-9966

Date: 2-9-96 Phone: (954) 975-9966

CR2E034 (12/95)