FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052897

1. Corporation Name

TELEMATRIX, INC.

Principal	Place	of	Business
1 minispan		٠.	

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FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90090 046 ***150.00

- 1 BOOK COURT FOR THE COURT OF THE COURT OF THE COURT OF THE POST OF THE COURT OF THE COURT OF THE COURT OF T

Principal Place	incipal Place of Business Mailing Address				41 411.4 11441 141	10 10111 1001 1001		
025 GALLEY RD. COLORADO SPRINGS CO 80915		P.O. BOX 76210 COLORADO SPRI	P.O. BOX 76210 COLORADO SPRINGS CO 80970-6210		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/10/1995		
2. Principal Pla	ice of Business	2a. Mailing Add	'ess			4. FEI Number		Applied For
آء ُ		26				65-0621206		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	-	Additional Required
City & State		City. & State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6 Election Campaign Financing Trust Fund Contribution	•	O May Be
Zip	Country	Zip Zip	Zip Country		This corporation owes the current year Personal Property Tax.	Intangible	□No	
	9. Name and Address of Cu			П		10. Name and Address of New Registers	d Agent	
CT C	ORPORATION SYSTEM	<u> </u>		81	Name			
1200 S. PINE ISLAND RD. PLANTATION FL 33324		82	Street Addre	Iress (P.O. Box Number is Not Acceptable)				
			83			•		
				84	City	F	85 Zi	p Code
office or re	o the provisions of Sections 607 gistered agent, or both, in the S n familiar with, and accept the ob	late of Florida. Such char	ide was authorize	a by '	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing pointment as	its registered registered

	•			•	ſ		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature re	douga Milau (augusta)	ATE			
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	•	☐ Change	☐ Addition		
NAME	PELLETIER, DALE	1.2 NAME					
STREET ADDRESS	5785 LINGER WAY	1.3 STREET ADDRESS					
CITY-ST-ZIP	COLORADO SPRINGS CO 80919	1.4 CITY-ST-ZIP					
TITLE	STD X DELETE	2.1 TITLE		Change	☐ Addition (
NAME	CRITCHFIELD, DAVID J	2.2 NAME					
STREET ADDRESS	2960 BONNE VISTA DR	2.3 STREET ADDRESS					
CITY-ST-ZIP	COLORADO SPRINGS CO 80906	2.4 CITY-ST-ZIP	المستسمد المستامة المستالين المالية		<u> </u>		
TITLE	V DELETE	3.1 TITLE	,	☐ Change	☐ Addition		
NAME	SUTTER, LANSON	3.2 NAME					
STREET ADDRESS	60 ABROOK	3.3 STREET ADDRESS	·				
CITY-ST-ZIP	COLORADO SPRINGS CO 80906	3.4. C/TY-ST-Z/P					
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition		
NAME		4. 2 NAME			1		
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ D£LÉTE	5.1 TITLE		Change	☐ Addition		
NAME		5.2 NAME					
STREET ADDRESS	•	5.3 STREET ADDRESS					
C/TY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	-	☐ Change	☐ Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
• 7 .					1		

14. 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 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, with all other like empowered.

SIGNATURE:

with the same ING OFFICER OR DIRECTOR