2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072184

FILED
01 MAY -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TELEMATRIX, INC.

Principal Place of Business / Mailing Address

5025 GALLEY ROAD
COLORADO SPRINGS CO 80915

2. Principal Place of Business: 5025 GALLEY ROAD
Suite, Apt. #, etc.:
City & State: COLORADO SPRINGS, CO
Zip: 80915 Country: USA

3. Mailing Address: C/O LAQUINTA TAX DEPT
Suite, Apt. #, etc.: P.O. BOX 2636
City & State: SAN ANTONIO, TX
Zip: 78299-2636 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 84-1515913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALE T. PELLETIER 197 FIRST AVE, SUITE 300 NEEDHAM, MA 02494	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALE T. PELLETIER 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T DAVID CRITCHFIELD 197 FIRST AVE, SUITE 300 NEEDHAM, MA 02494	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400004271334--3 -05/18/01--01083--016 ~~****150.00~~ ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LANSON SUTTER 197 FIRST AVE, SUITE 300 NEEDHAM, MA 02494	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LANSON SUTTER 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST SEC MICHAEL S. BENJAMIN 197 FIRST AVE, SUITE 300 NEEDHAM, MA 02494	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST SEC JOHN F. SCHMUTZ 909 HIDDEN RIDGE, SUITE 600 IRVING, TEXAS 75038	☐ Change ☒ Addition
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	SP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: Lanson Sutter CFO 4-30-01 719-638-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1