

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90059 004 ***150.00

DOCUMENT # P99000072184

1. Entity Name
TELEMATRIX, INC.



Principal Place of Business
C/O LA QUINTA CORPORATION
909 HIDDEN RIDGE, SUITE 600
IRVING, TX 75038

Mailing Address
C/O LA QUINTA CORPORATION
909 HIDDEN RIDGE, SUITE 600
IRVING, TX 75038



2. Principal Place of Business
c/o TeleMatrix USA

3. Mailing Address
c/o TeleMatrix USA

02252004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
5025 Galley Road

Suite, Apt. #, etc.
P.O. Box 60447

City & State
Colorado Springs, CO

City & State
Colorado Springs, CO

4. FEI Number
84-1515913

Applied For
Not Applicable

Zip
80915

Country
USA

Zip
80960

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
Same

Same

City
Same

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.

N/A

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PELLETIER, DALE T 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SUTTER, LANSON 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHEL, SANDRA K 909 HIDDEN RIDGE., STE 600 IRVING, TX 75038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASH, FRANCIS W 909 HIDDEN RIDGE SUITE 600 IRVING, TX 75038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REA, DAVID L 909 HIDDEN RIDGE., STE 600 IRVING, TX 75038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRADTKE, DAVID P 5112 E. PECAN ST, 12TH FLOOR SAN ANTONIO, TX 78205	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P & CEO PELLETIER, DALE T. 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T & CHAIRMAN OF THE BOARD HERMAN, MICHAEL D. 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERMAN, DEBRA L. 5025 GALLEY ROAD COLORADO SPRINGS, CO 80915	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	<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:

Michael D. Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Herman
TREASURER

March 8, 2004 Date
(719) 638-8821 Daytime Phone #