2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000072184

1. Entity Name

TELEMATRIX, INC.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90038 033 ***150.00

				GOD H	E TRU							
Principal Plac	e of Business	Mailing Address										
C/O THE MEDITRUST COMPANIES C/O THE MEDITRUST COMPANIES								**				
909 HIDDEN RIDGE, SUITE 600 909 HIDDEN RIDGE, SUITE 600												
IRVING TX 750	038	IRVING TX 75038						8 PH. 8 BALLE (8 BALE 1188		11)) (11) (10)		
	Place of Business	3. Mailing Address						OLIN OBISH NOBIS NOB		61) i 414 i 441		
C/O La Quinta Corporation C/O La Quinta Ta												
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF	MAKING CHAI	MGES			
909 Hidden Ridge, suite 600 P.O. Box 2636						STEEN THERE II WANTED						
City & State						4. FEI	Number 04-1515012		Αŗ	plied For	╛	
Irvina	Erving, TY San Antonio, T			(84-1515913		No	t Applicable]	
ال Zip	Country	Zip	Countr	у .		E (0	rtificate of Status Desired	□ \$8.7	5 Add	litional	1	
75038		78299-2636				5. Certificate of Status Desi		Fee R	Fee Required		_]-	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
CORPORATION SERVICE COMPANY					C ALL (DO D N L A A A A A A A A A A A A A A A A A A							
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)							
											1	
TALLAHAS	SSEE FL 32301-2525						•				1	
•				City			·	FL Zi	Code	Э	1	
# The above	named entity submits this statement for	the purpose of changing its	registered	d office o	r registers	ad agen	or both in the State of Florid	la I am familia	with	and accept	1	
	cions of registered agent.	the purpose of changing its	s registeret	a Cilice O	riegistere	su agen	i, or bour, in the state or mond	a. Tamama	991LII,	and accept		
•	•											
SIGNATURE .							 				1	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signat	ture required	when reinst	ating)	DATE				
F	ILE NOW!!! FEE IS \$150.00						4 El 11 O 1 El		a- a	_		
Afte	r May 1, 2003 Fee will be \$550.00						Election Campaign Finan Trust Fund Contribution.			0 May Be Ito Fees		
Make Checl	k Payable to Florida Department of	State					riust Furia Contribution.		Audeu	to rees		
10.	OFFICERS AND	DIRECTORS	11.			ADDI	TIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS	3 IN 11	1	
TITLE	P	☐ Delete	TITLE		V		·			Addition	13	
NAME	PELLETIER, DALE T	Delete	NAME		Flowe	urs i s	steven J.			44		
STREET ADDRESS	5025 GALLEY ROAD			ADDRESS	9.09	Hidde	steven J. n Ridge, ste 600];	
CITY-ST-ZIP	COLORADO SPRINGS CO 80915		CITY-S		1 '	ng 1 T					1:	
					V/T	y , .	, 17- 38			☐ Addition	13	
TITLE	CFO	☐ Delete	TITLE		V / 1	ec. 1	anson	Æ CH	ianye	☐ Addition	18	
NAME	SUTTER, LANSON		NAME	ADDRESS	2019	s Ga	Hey Rd					
STREET ADDRESS CITY-ST-ZIP	5025 GALLEY ROAD		CITY-S					~_				
<u> </u>	COLORADO SPRINGS CO 80915			11-ZIF		uoo.	Springs, CO -80918	-			4	
TITLE	AS	☐ Delete	TITLE		5			₹ Z ci	nange	☐ Addition		
NAME	MICHEL, SANDRA K		NAME		mich	elise	ndrate, ste 600					
	909 HIDDEN RIDGE., STE 600		STREET	ADDRESS	909	HIDDO	en Ridge, Ste 600					
CITY-ST-ZIP	IRVING TX 75038		CITY-S	IT-ZIP	Irvn	M.T.	15038					
TITLE	D	☐ Delete	TITLE		V	<i>y</i> .		Ch	nange	🕱 Addition		
NAME	CASH, FRANCIS W		NAME		Bradt	ke.	David P. can st. 12th floo 1101 TX 78105					
STREET ADDRESS	909 HIDDEN RIDGE SUITE 600		STREET	ADDRESS	5112	E. P.	can st. 12th Floo	or				
CITY-ST-ZIP	IRVING TX 75038		CITY-S	T-ZIP	Sen	Anto	110: TX 78105	_				
TITLE	n	☐ Delete	TITLE			· • • • • • • • • • • • • • • • • • • •		☐ Ch	ange	Addition	1	
NAME	REA, DAVID L		NAME						-			
	909 HIDDEN RIDGE., STE 600			ADDRESS							1	
CITY-ST-ZIP	IRVING TX 75038		CITY-S								}	
	17 70000		_		+				2000	□ Addition	1	
TITLE		☐ Delete	TITLE					☐ Ch	anye	☐ Addition		
NAME CTREET ADDRESS		•	NAME	ADDRECE								
STREET ADDRESS				ADDRESS							Ì	
CITY-ST-ZIP			CITY-S								-	
46 Hearthan	actifuthat the information ounnited with		_									

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR () DUTA D. A.

2/9/30 z -6200 Daytime Phone #