

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213524566

1.) CORPORATION NAME:

MATRIX TELECOM, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1174848**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 433 E LAS COLINAS BLVD
STE 400

CITY/ST/ZIP: IRVING, TX 75039

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JERRY OU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	433 E LAS COLINAS BLVD STE 400		
CITY/ST/ZIP/CO:	IRVING, TX 75039		

NAME:	ROBERT J JOUBRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	360 N CRESCENT DRIVE SOUTH BUILDING		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	DAWN WALLOCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	360 N CRESCENT DRIVE SOUTH BUILDING		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	EVA M KALAWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	360 N CRESCENT DR SOUTH BUILDING		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	SALLY A WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	360 N CRESCENT DRIVE SOUTH BLDG		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME: Mary Ann Sigler TITLE: VICE PRESIDENT ADDRESS: 360 N Crescent Dr South Bldg CITY/ST/ZIP/CO: Beverly Hills, CA 90210	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Stephen Zollo TITLE: VICE PRESIDENT ADDRESS: 360 N Crescent Dr South Bldg CITY/ST/ZIP/CO: Beverly Hills, CA 90210	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Michael Simpson TITLE: CFO ADDRESS: 433 E. Las Colinas Blvd. Suite 400 CITY/ST/ZIP/CO: Irving, TX 75039	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ SALLY A WARD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SALLY A WARD, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>5/24/2013</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		