

1.) CORPORATION NAME:

Matrix Direct, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1747700**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	25,000
COMBV	25,000
COMNV	50,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9640 GRANITE RIDGE DR #200

CITY/ST/ZIP: SAN DIEGO, CA 92123-

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.

OFFICER DIRECTOR

NAME: RONALD HARRIS
TITLE: PRESIDENT
ADDRESS: 9640 GRANITE RIDGE DR #200
CITY/ST/ZIP/CO: SAN DIEGO, CA 92123-

OFFICER DIRECTOR

NAME: LAURA HUFFMAN
TITLE: SR VP/ASST SEC
ADDRESS: 9640 GRANITE RIDGE DR, #200
CITY/ST/ZIP/CO: SAN DIEGO, CA 92123-

OFFICER DIRECTOR

NAME: KYLE D JENNINGS
TITLE: EVP/GC/SEC
ADDRESS: 2929 ALLEN PKWY
CITY/ST/ZIP/CO: HOUSTON, TX 77019-

OFFICER DIRECTOR

NAME: STEVEN D ANDERSON
TITLE: SVP CFO
ADDRESS: 2929 ALLEN PKWY
CITY/ST/ZIP/CO: HOUSTON, TX 77019-

OFFICER DIRECTOR

NAME: ERIK A. BADEN
TITLE: CHAIRMAN
ADDRESS: 2929 ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019-

NAME: ROBERT F. HERBERT, JR. TITLE: SVP,TREA,COMPT ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: RICHARD GRAVETTE TITLE: VP & ASST TREA ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: THOMAS CLAY SPIRES TITLE: VP & TAX OFF ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: LAUREN W. JONES TITLE: asst sec/cf cou ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: ANN WOHN TITLE: ASST SECRETARY ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: BARBARA J. MOORE TITLE: ASST TAX OFF ADDRESS: 2929 ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON, TX 77019-	<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.

/s/ ANN WOHN	ANN WOHN, ASST SECRETARY	3/2/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.