

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

1. Corporate ID No.	2. Name of Corpo)) is subject to a penalty fee of \$25.00. 2. Name of Corporation						
128437	T-Netix, Inc	T-Netix, Inc.						
3. Street Address Principal Business Office 14651 Dallas Parkway, Suite 600			<i>ா</i> Dallas	Texas	^{ℤ⊕} 75254			
1. Business Phone No. 5. State of Incorpo 972-277-0300 Delaware		5. State of Incorporat Delaware	rition .					
6. Brief Description of the C Inamte Telecommu	Character of Business Conducte nications Provider	d in Rhode Island						
	RESSES OF THE OFFIC	ERS: ("X" BOX FOR A	. " —	N SPACES BEFORE USING	ATTACHMENTS			
President Name			Vice President Name					
Richard Falcone			John Viola Street Address					
Street Address 14651 Dallas Parkway, Suite 600			14651 Dallas Parkway, Suite 600					
Cini Dallas	State Texas	<i>75</i> 254	City Dallas	State Texas	^{⊅ip} 75254			
Secretary Name Dennis J. Reinhold			Treasurer Name Keith S. Kelson					
Street Address 14651 Dallas Parkway, Suite 600			Street Address 14651 Dallas Parkway, Suite 600					
Cirr Dallas	State Texas	^{Ζίρ} 75254	<i>ா</i> ர Dallas	State Texas	^{Ζψ} 75254			
	RESSES OF THE DIREC	TORS: ("X" BOX FOR		L IN SPACES BEFORE USING	G ATTACHMENTS			
Director Name			Director Name Lewis Schoenwetter					
Brian Schwartzq Street Address			Street Address					
1001 Brickell Bay	Drive, 27th Floor		1001 Brickell Bay Drive, 27th Floor					
Cit).	State	Zip	City	State	ZΨ			
Miami	Florida	33131	Miami	Florida	33131			
Director Name			Director Name					
Street Address			Street Address					
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<i>Cl</i> Įv	State	Zip	Clty	State	Ζίρ			
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
3,000	Common	\$0.01	1,000	Common	\$0.01			
This cancel must be a	recuted on behalf of the	corneration by an auth	orized representative If th	ne corporation is in the hands	s of a receiver or truste			
	xecuted on behalf of the			te corporation is in the name.	for a receiver or maste			
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Under penalty of perjury, I declare and a	iffirm that I have	examiue	d this rep	ort,
including any accompanying schedules	and statements, a	nd that a	ill stateme	ents
contained herein are true and correct.			i	
DIM	01	25	08	
Signature	Date			
Dennis J. Reinhold				
Print or Type Name				
VP, General Counsel, Sec	retary			