

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90028 043 ***150.00

DOCUMENT # F94000001289

1. Entity Name
CSG SYSTEMS, INC.



Principal Place of Business
**2525 N. 117TH AVENUE
3AC
OMAHA, NE 68164 US**

Mailing Address
**2525 N. 117TH AVENUE
3AC
OMAHA, NE 68164 US**

50017558



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

47-0772478

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

Name

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

City

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.

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, 2005 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 **D** ☐ Delete
NAME **HANSEN, NEAL C.**
STREET ADDRESS **7887 EAST BELLEVUE SUITE 1000**
CITY-ST-ZIP **ENGLEWOOD, CO 80111**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HADDIX, GEORGE F.**
STREET ADDRESS **1125 SOUTH 103 STREET**
CITY-ST-ZIP **OMAHA, NE 68124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **POGGE, JOHN P**
STREET ADDRESS **7887 EAST BELLEVUE SUITE 1000**
CITY-ST-ZIP **ENGLEWOOD, CO 80111**

TITLE **President** ☐ Change ☒ Addition
NAME **John A. Bonde**
STREET ADDRESS **7887 East Bellevue Suite 1000**
CITY-ST-ZIP **Englewood, CO 80111**

TITLE **D** ☐ Delete
NAME **SICA, FRANK V**
STREET ADDRESS **888 7 AVENUE**
CITY-ST-ZIP **NY, NY 10106**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RUBLE, JOSEPH T**
STREET ADDRESS **7887 E BELLEVUE STE 1000**
CITY-ST-ZIP **ENGLEWOOD, CO 80111**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
NAME **COSTELLO, PATRICK**
STREET ADDRESS **2525 N. 117TH AVENUE**
CITY-ST-ZIP **OMAHA, NE 68164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patrick F. Costello

Patrick F. Costello,

2/19/05

(402) 431-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President**

Date

Daytime Phone #