

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 043 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                            |                                                                                                                     |                                                                                                                                      |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F94000001289</b><br>1. Entity Name<br><b>CSG SYSTEMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                            |                                                                                                                     |                                                     |                                                                              |
| Principal Place of Business<br><b>2525 N. 117TH AVENUE<br/>3AC<br/>OMAHA, NE 68164 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                            | Mailing Address<br><b>2525 N. 117TH AVENUE<br/>3AC<br/>OMAHA, NE 68164 US</b>                                       |                                                                                                                                      |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                      |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                            | City & State                                                                                                        |                                                                                                                                      |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | Country                                    |                                                                                                                     | 4. FEI Number<br><b>47-0772478</b>                                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                            |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                            |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                            |                                                                                                                     |                                                                                                                                      |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>HANSEN, NEAL C.</b><br><b>7887 EAST BELLEVUE SUITE 1000</b><br><b>ENGLEWOOD, CO 80111</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>President</b><br><b>Edward C. Nafus</b><br><b>7887 E. Bellevue, Suite 1000</b><br><b>Englewood, CO 80111</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>HADDIX, GEORGE F.</b><br><b>1125 SOUTH 103 STREET</b><br><b>OMAHA, NE 68124</b>           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>CFO</b><br><b>Peter Kalan</b><br><b>7887 E. Bellevue, Suite 1000</b><br><b>Englewood, CO 80111</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>BONDE, JOHN A</b><br><b>7887 EAST BELLEVUE SUITE 1000</b><br><b>ENGLEWOOD, CO 80111</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>Executive Vice President</b><br><b>Robert M. Scott</b><br><b>2525 N. 117th Avenue</b><br><b>Omaha, NE 68164</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>SICA, FRANK V</b><br><b>888 7 AVENUE</b><br><b>NY, NY 10106</b>                           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>RUBLE, JOSEPH T</b><br><b>7887 E BELLEVUE STE 1000</b><br><b>ENGLEWOOD, CO 80111</b>      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VPAS</b><br><b>COSTELLO, PATRICK</b><br><b>2525 N. 117TH AVENUE</b><br><b>OMAHA, NE 68164</b>         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                          |                                            |                                                                                                                     |                                                                                                                                      |                                                                              |
| <b>SIGNATURE: <u>Bruce Kruger</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                            | Assistant Secretary <b>4/24/06</b> (402) 431-7543<br><small>Date Daytime Phone #</small>                            |                                                                                                                                      |                                                                              |

40076237



04192006 Chg-P CR2E034 (11/05)

**ATTACHMENT**  
**40076237**  
**#F94000001289**  
**CSG SYSTEMS, INC.**  
**OFFICERS AND DIRECTORS**

| OFFICERS                           | TITLE                                                   | BUSINESS ADDRESS                                     |
|------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| EDWARD C. NAFUS<br>502-46-3146     | PRESIDENT AND<br>CHIEF EXECUTIVE OFFICER                | 7887 E. BELLEVIEW, SUITE 1000<br>ENGLEWOOD, CO 80111 |
| PETER KALAN<br>458-06-2985         | EXECUTIVE VICE PRESIDENT AND<br>CHIEF FINANCIAL OFFICER | 7887 E. BELLEVIEW, SUITE 1000<br>ENGLEWOOD, CO 80111 |
| ROBERT M SCOTT<br>254-78-1922      | EXECUTIVE VICE PRESIDENT<br>BROADBAND SERVICES          | 2525 N 117TH AVENUE<br>OMAHA, NE 68164               |
| RANDY WIESE<br>505-84-0674         | SENIOR VICE PRESIDENT AND<br>ASSISTANT SECRETARY        | 2525 N 117TH AVENUE<br>OMAHA, NE 68164               |
| JOSEPH T. RUBLE<br>285-62-2677     | SENIOR VICE PRESIDENT AND<br>SECRETARY                  | 7887 E. BELLEVIEW, SUITE 1000<br>ENGLEWOOD, CO 80111 |
| ROBERT N. PINKERTON<br>270-72-0667 | VICE PRESIDENT AND TREASURER                            | 7887 E. BELLEVIEW, SUITE 1000<br>ENGLEWOOD, CO 80111 |
| PATRICK F. COSTELLO<br>506-78-2294 | VICE PRESIDENT AND<br>ASSISTANT SECRETARY               | 2525 N 117TH AVENUE<br>OMAHA, NE 68164               |
| BRUCE KRUGER<br>506-78-7105        | ASSISTANT SECRETARY                                     | 2525 N 117TH AVENUE<br>OMAHA, NE 68164               |
| DAMON O. BARRY<br>522-08-9042      | ASSISTANT SECRETARY                                     | 2525 N 117TH AVENUE<br>OMAHA, NE 68164               |

| DIRECTORS                        | TITLE | BUSINESS ADDRESS                                                                                         |
|----------------------------------|-------|----------------------------------------------------------------------------------------------------------|
| FRANK V. SICA<br>047-46-5503     |       | MENEMSHA CAPITAL PARTNERS, LTD.<br>390 PARK AVENUE, 17TH FLOOR<br>NEW YORK, NY 10122                     |
| BERNARD REZNICEK<br>505-42-5264  |       | 1524 N. 141ST AVENUE<br>OMAHA, NE 68154                                                                  |
| JANICE OBUCHOWSKI<br>048-38-2650 |       | 1317 F STREET, N.W.<br>4TH FLOOR<br>WASHINGTON, DC 20004                                                 |
| DONALD V. SMITH<br>213-40-9435   |       | HOULIHAN LOKEY HOWARD & ZUKIN<br>245 PARK AVENUE, 20TH FLOOR<br>NEW YORK, NY 10167                       |
| EDWARD C. NAFUS<br>502-46-3146   |       | 7887 E. BELLEVIEW, SUITE 1000<br>ENGLEWOOD, CO 80111                                                     |
| DONALD B. REED<br>026-32-3351    |       | 13001 BRYNWOOD<br>PALM BEACH GARDENS, FL 33418                                                           |
| JAMES A. UNRUH<br>501-44-8617    |       | ALERION CAPITAL GROUP<br>FOUNDING PRINCIPAL<br>7702 E DOUBLTREE RANCH ROAD, #350<br>SCOTTSDALE, AZ 85258 |