

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 AM 8:13

DOCUMENT # **P18779** (9)  
1. Corporation Name  
**SYNTELLECT INC.**

Principal Place of Business Mailing Address  
**15810 N 28TH AVE** **15810 N 28TH AVE**  
**PHOENIX AZ 85023** **PHOENIX AZ 85023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/11/1988** 3a. Date of Last Report **06/10/1994**  
4. FEI Number **86-0486871** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 25. Country 28. Zip 29. Country  
24. 29. 30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (2001) Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>MAYER, THOMAS R.</b>
STREET ADDRESS	<b>24350 N. WHISPERING RIDGE WAY #48</b>
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>
TITLE	<b>V</b>
NAME	<b>SOBOLEWSKI, GARY</b>
STREET ADDRESS	<b>4604 ADRIAN WAY</b>
CITY - ST - ZIP	<b>PLANO TX</b>
TITLE	<b>V</b>
NAME	<b>COLEMAN, SCOTT</b>
STREET ADDRESS	<b>8710 N 80TH PLACE</b>
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>
TITLE	<b>TS</b>
NAME	<b>PROUD, THOMAS M</b>
STREET ADDRESS	<b>8255 E CAPTAIN DREYFUS AVE</b>
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>
TITLE	<b>V</b>
NAME	<b>PRATT, KENNETH</b>
STREET ADDRESS	<b>5928 E WINDROSE DRIVE</b>
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment to an addendum.

SIGNATURE: *Thomas M. Pratt* **6/2/95** **789-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)