


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90057 021 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P18779

1. Corporation Name
SYNTELLECT INC.

| | |
|--|--|
| Principal Place of Business 20401 N. 29TH AVE PHOENIX AZ 85027 US | Mailing Address 20401 N. 29TH AVE PHOENIX AZ 85027 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/11/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 86-0486871 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--------------------------|--|---|---|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NUSSRALLAH, STEVE | | 1.2 NAME | | |
| STREET ADDRESS | 605 BUTTERCUP TRACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHARETTA GA | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PHILLIPS, DAVID C | | 2.2 NAME | | |
| STREET ADDRESS | 10560 TIMBERSTONE ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHARETTA GA | | 2.4 CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLEMAN, SCOTT | | 3.2 NAME | | |
| STREET ADDRESS | 8710 N 80TH PLACE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SCOTTSDALE AZ | | 3.4 CITY-ST-ZIP | | |
| TITLE | VTS | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MILLER, NEAL | | 4.2 NAME | | |
| STREET ADDRESS | 120 GEORGIAN MANOR COURT | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHARETTA GA | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PAMPLIN, PETER W | | 5.2 NAME | | |
| STREET ADDRESS | 2390 PRINCE HOWARD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARIETTA GA | | 5.4 CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRADNER, J. LAWRENCE | | 6.2 NAME | | |
| STREET ADDRESS | 210 HEPPLERWHITE DRIVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALPHARETTA GA | | 6.4 CITY-ST-ZIP | | |

14. 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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/28/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)