2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001126

Entity Name: TELEVOX, INC.

Current Principal Place of Business:

11650 MIRACLE HILLS DRIVE 4TH FLOOR

OMAHA, NE 68154

Current Mailing Address:

PO BOX 541178

OMAHA, NE 68154 US

FEI Number: 63-1078197 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 27, 2024

Secretary of State

8716745121CC

Officer/Director Detail:

Title SECRETARY, DIRECTOR Title **DIRECTOR** BRUCCULERI, LOUIS RUSSO, JOHN Name Name Address PO BOX 541178 Address PO BOX 541178 City-State-Zip: OMAHA NE 68154 City-State-Zip: OMAHA NE 68154

Title CHIEF EXECUTIVE OFFICER Title **TREASURER** SHLONSKY, JOHN Name Name RUSSAK, MICHAEL Address PO BOX 541178 Address PO BOX 541178

OMAHA NE 68154 City-State-Zip: City-State-Zip: OMAHA NE 68154

Title CHIEF ACCOUNTING OFFICER Title **PRESIDENT**

MANNIX, ROBERT E. Name Name DAVE, NEMISH Address PO BOX 541178 Address PO BOX 541178 City-State-Zip: OMAHA NE 68154 City-State-Zip: OMAHA NE 68154

Title **EXECUTIVE VICE PRESIDENT**

Name KRISHNAN, VIKRAM Address PO BOX 541178 OMAHA NE 68154 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS BRUCCULERI

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/27/2024

Date