

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001126

**FILED**  
**Jan 23, 2019**  
**Secretary of State**  
**6351079821CC**

**Entity Name:** WEST INTERACTIVE SERVICES CORPORATION

**Current Principal Place of Business:**

11808 MIRACLE HILLS DRIVE  
OMAHA, NE 68154

**Current Mailing Address:**

11808 MIRACLE HILLS DRIVE  
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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROGAN, NATE  
Address        11808 MIRACLE HILLS DRIVE  
City-State-Zip: OMAHA NE 68154

Title            SECRETARY  
Name            BRUCCULERI, LOUIS  
Address        11808 MIRACLE HILLS DRIVE  
City-State-Zip: OMAHA NE 68154

Title            DIRECTOR, CFO  
Name            DISMAN, NANCY  
Address        11808 MIRACLE HILLS DRIVE  
City-State-Zip: OMAHA NE 68154

Title            TREASURER  
Name            WIKOFF, CHRISTOPHER  
Address        11808 MIRACLE HILLS DRIVE  
City-State-Zip: OMAHA NE 68154

Title            CEO  
Name            SHLONSKY, JOHN  
Address        11808 MIRACLE HILLS DRIVE  
City-State-Zip: OMAHA NE 68154

*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:** CHRISTOPHER WIKOFF

**TREASURER**

**01/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date