

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001355

1. Entity Name
CSG SOFTWARE, INC.



Principal Place of Business
2525 NORTH 117TH AVENUE
OMAHA, NE 68164

Mailing Address
2525 NORTH 117TH AVENUE
OMAHA, NE 68164



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0010807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
RUBLE, JOSEPH T
7887 EAST BELLEVIEW AVENUE, SUITE 1000
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
KALAN, PETER
7887 EAST BELLEVIEW AVENUE, SUITE 1000
ENGLEWOOD, CO 80111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
COSTELLO, PATRICK
2525 NORTH 117TH AVENUE
OMAHA, NE 68164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
WIESE, RANDY
2525 NORTH 117TH AVENUE
OMAHA, NE 68164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000150145
05/03/04-80215-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Patrick F. Costello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick F. Costello, *4/29/04*
Vice President

Date

Daytime Phone #

402-431-7543