

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90028 042 ***150.00

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**

50017559



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005

Chg-P

CR2E034 (10/03)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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 **DPS** ☐ Delete
STREET ADDRESS **RUBLE, JOSEPH T**
CITY-ST-ZIP **7887 EAST BELLEVIEW AVENUE, SUITE 1000
ENGLEWOOD, CO 80111**

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 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: BK

Patrick F. Costello,
Assistant Secretary

2/9/05

402-431-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #