

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90020 019 ***150.00

DOCUMENT # F03000001164			
1. Entity Name: UCN, INC.			
Principal Place of Business: 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065		Mailing Address: 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 87-0528557		Adopted For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DC STERN, TED 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Chief Information Officer Scott Welch 14870 South Pony Express Road Bluffdale, UT 84065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PDCE JARMAN, PAUL 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Executive Vice President Kevin Childs 14870 South Pony Express Road Bluffdale, UT 84065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D OZANNE, JAMES 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Director Paul Koeppe 14870 South Pony Express Road Bluffdale, UT 84065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SMITH, G. DOUGLAS 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Director Blake C Fisher, Jr. 14870 South Pony Express Road Bluffdale, UT 84065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CS PARTRIDGE, KIMM 14870 S PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Chief Financial Officer Brian Morgan 14870 South Pony Express Road Bluffdale, UT 84065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BARNETT, STEVE 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 approval, with all other like empowered.			
SIGNATURE: <u>KE Partridge</u> <u>Kim Partridge, Corporate Secretary</u> 1-20-06 (866) 541 0000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			