2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# F03000001164

Entity Name: INCONTACT, INC.

Current Principal Place of Business:

7730 S. UNION PARK AVE, SUITE 500
MIDVALE, UT 84047

New Principal Place of Business:

Current Mailing Address:

7730 S. UNION PARK AVE, SUITE 500
MIDVALE, UT 84047

New Mailing Address:

FEI Number: 87-0528557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	STERN, TED	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	
Title:	PDCE	( ) Delete
Name:	JARMAN, PAUL	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	
Title:	CO	( ) Delete
Name:	WELCH, SCOTT	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	
Title:	V	( ) Delete
Name:	CHILDS, KEVIN	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	
Title:	CS	( ) Delete
Name:	PARTRIDGE, KIMM	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	
Title:	D	( ) Delete
Name:	BARNETT, STEVE	
Address:	7730 S. UNION PARK AVE, SUITE 500	
City-St-Zip:	MIDVALE, UT 84047	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMM PARTRIDGE S 03/05/2009

Electronic Signature of Signing Officer or Director — Date