2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001164

Entity Name: INCONTACT, INC.

FILED Jaņ 06, 2<u>012</u> Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 515 E. PARK AVENUE TALLAHASSEE, FL 32301

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

OFFICERS AND DIRECTORS:

Title:

Name: STERN, TED

7730 S. UNION PARK AVE, SUITE 500 Address:

City-St-Zip: MIDVALE, UT 84047

Title: PDCE

Name: JARMAN, PAUL

7730 S. UNION PARK AVE, SUITE 500 Address:

MIDVALE, UT 84047 City-St-Zip:

Title: CO

WELCH, SCOTT Name:

7730 S. UNION PARK AVE, SUITE 500 Address:

City-St-Zip: MIDVALE, UT 84047

Title: CS

PARTRIDGE, KIMM Name:

Address: 7730 S. UNION PARK AVE, SUITE 500

City-St-Zip: MIDVALE, UT 84047

Title:

Name: BARNETT, STEVE

7730 S. UNION PARK AVE. SUITE 500 Address:

City-St-Zip: MIDVALE, UT 84047

Title: CFO

Name: AYERS, GREGORY S

7730 S. UNION PARK AVE, SUITE 500 Address:

City-St-Zip: MIDVALE, UT 84047

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: KIMM PARTRIDGE CS 01/06/2012