

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000073

Entity Name: WEST DIRECT II, INC.

FILED  
Apr 26, 2012  
Secretary of State

**Current Principal Place of Business:**

11808 MIRACLE HILLS DRIVE  
OMAHA, NE 68154

**New Principal Place of Business:**

**Current Mailing Address:**

11808 MIRACLE HILLS DRIVE  
OMAHA, NE 68154

**New Mailing Address:**

FEI Number: 02-0625689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARKER, THOMAS B  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

Title: COOD  
Name: BERGER, NANCEE R  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

Title: CEOD  
Name: STANGL, STEVEN M  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

Title: S  
Name: MUSSMAN, DAVID C  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

Title: P  
Name: KEMPKE, RODNEY J  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

Title: CFOT  
Name: MENDELIK, PAUL M  
Address: 11808 MIRACLE HILLS DR.  
City-St-Zip: OMAHA, NE 68154

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: PAUL M. MENDELIK

CFOT

04/26/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date