

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001289

Entity Name: CSG SYSTEMS, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

2525 N. 117TH AVENUE
3AC
OMAHA, NE 68164 US

New Principal Place of Business:

2525 N. 117TH AVENUE
3NP6A
OMAHA, NE 68164 US

Current Mailing Address:

2525 N. 117TH AVENUE
3AC
OMAHA, NE 68164 US

New Mailing Address:

2525 N. 117TH AVENUE
3NP6A
OMAHA, NE 68164 US

FEI Number: 47-0772478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: D () Delete
Name: NAFUS, EDWARD
Address: 9555 MAROON CIR
City-St-Zip: ENGLEWOOD, CO 80112

Title: P () Delete
Name: KALAN, PETER
Address: 9555 MAROON CIR
City-St-Zip: ENGLEWOOD, CO 80112

Title: EVP () Delete
Name: SCOTT, ROBERT M
Address: 2525 N 117TH AVE
City-St-Zip: OMAHA, NE 68164

Title: D () Delete
Name: SICA, FRANK V
Address: 309 PARK AVE 17TH FL
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: RUBLE, JOSEPH T
Address: 9555 MAROON CIR
City-St-Zip: ENGLEWOOD, CO 80112

Title: VPAS () Delete
Name: COSTELLO, PATRICK
Address: 2525 N. 117TH AVENUE
City-St-Zip: OMAHA, NE 68164

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: D (X) Change () Addition
Name: SICA, FRANK V
Address: 485 LEXINGTON AVENUE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017

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: BRUCE KRUGER

AS

04/14/2009

Electronic Signature of Signing Officer or Director

Date