

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000003542****1. Entity Name**
ICT GROUP, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90008 018 ***150.00

Principal Place of Business**800 TOWN CTR DR**
LANGHORNE PA 19047**Mailing Address****800 TOWN CTR DR**
LANGHORNE PA 19047**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-2458937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.**SIGNATURE** _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	DCP	<input type="checkbox"/> Delete
NAME	BRENNAN, JOHN J	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	V	<input type="checkbox"/> Delete
NAME	PACCAPANICCIA, VINCENT	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BRENNAN, DONALD P	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMERS, BERNARD	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAGEE, JOHN L	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN D	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**SIGNATURE**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)