

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000003542**

1. Entity Name  
ICT GROUP, INC.



Principal Place of Business  
100 BRANDYWINE BLVD  
NEWTOWN, PA 18940

Mailing Address  
100 BRANDYWINE BLVD  
NEWTOWN, PA 18940

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
23-2458937

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000088110  
03/15/04-80038-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DCP
NAME	BRENNAN, JOHN J
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940
TITLE	V
NAME	PACCAPANICCIA, VINCENT
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940
TITLE	DC
NAME	BRENNAN, DONALD P
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940
TITLE	D
NAME	SOMERS, BERNARD
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940
TITLE	V
NAME	MAGEE, JOHN L
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940
TITLE	V
NAME	CAMPBELL, JOHN D
STREET ADDRESS	100 BRANDYWINE BLVD
CITY- ST- ZIP	NEWTOWN, PA 18940

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VAPACCAPANICCIA

Date

Daytime Phone #

3/4/04

267-685-8024