2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: ___

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 OCT 20 AM 9: 04 DOCUMENT # F96000003542 SECRETAIN OF STATE TALLAHASSEE, FLORIDA 1. Entity Name ICT GROUP, INC. Mailing Address Principal Place of Business 100 BRANDYWINE BLVD 100 BRANDYWINE BLVD NEWTOWN, PA 18940 ATTN: LEGAL DEPARTMENT NEWTOWN, PA 18940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112006 REIN-P CR2E098 (11/05) City & State Applied For City & State 4. FEI Number 23-2458937 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. 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) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DCP SECRETARY Addition ☐ Delete TITLE TITLE Change JETTERY C. MODE BIND BRENNAN, JOHN J NAME NAME STREET ADDRESS 100 BRANDYWINE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTOWN, PA 18940 18940 JOUHOWKI **CFOT** TITLE ☐ Delete TITLE Change ☐ Addition PACCAPANICCIA, VINCENT NAME 700081070327 NAME 100 BRANDYWINE BLVD STREET ADORESS STREET ADDRESS 10/20/06--01048--003 **150.00 NEWTOWN, PA 18940 CITY-ST-ZIP CITY-ST-ZIP DC ☐ Delete TITLE ☐ Change ☐ Addition BRENNAN, DONALD P NAME NAME STREET ADDRESS 100 BRANDYWINE BLVD STREET ADDRESS CITY-S1-ZIP NEWTOWN, PA 18940 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE SOMERS, BERNARD NAME NAME 100 BRANDYWINE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWTOWN, PA 18940 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change LEHR, SETH J NAME NAME 100 BRANDYWINE BLVD STREET ADDRESS STREET ADDRESS NEWTOWN, PA 18940 CITY-ST-ZIP CITY+ST-ZIP DIRECTOR ☐ Delete ☐ Addition John STOOPS Blud. STOOPS, JOHN NAME NAME STREET ADDRESS 100 BRANDYWINE BLVD STREET ADDRESS NEWTOWN PA 18940 CITY-ST-ZIP NEWTOWN, PA 18940 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted 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 addless, with all other like empowered.

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