PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 28 AM 10:52

DOCUMENT # F99000003517

1. Corporation Name
Interactive Intelligence Inc.
. OF INDIANA

WOU ~~46256~~ 46567

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
7601 Interactive Way	7601 Interactive Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indianapolis IN.	City & State: Indianapolis IN.
Zip: 46278 Country: Marion	Zip: 46278 Country: Marion

4. Date Incorporated or Qualified To Do Business in Florida: 10/94

5. FEI Number: 35-1933097 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stephen R. Head

Street Address (P.O. Box Number is Not Acceptable): 6000 Fairway Drive Suite 201

200043551842
12/21/04--01020--004 **135.00

Suite, Apt. #, Etc.

City: Deerfield Beach State: FL Zip Code: 33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Stephen R. Head CFO Date: 12-17-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Dr. Donald E. Brown	7601 Interactive Way	Indianapolis IN. 46278
CFO	Stephen R. Head	7601 Interactive Way	Indianapolis IN. 46278
VP Sales	Gary Blough	7601 Interactive Way	Indianapolis, IN. 46278
VP	Pamela J. Hynes	7601 Interactive Way	Indianapolis, IN. 46278
General Counsel	Donna G. LeGrand	7601 Interactive Way	Indianapolis IN. 46278

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stephen R. Head CFO 12-17-04 317-715-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/28