

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003517

FILED
Jan 26, 2010
Secretary of State

Entity Name: INTERACTIVE INTELLIGENCE, INC. OF INDIANA

Current Principal Place of Business:

7601 INTERACTIVE WAY
INDIANAPOLIS, IN 46278

New Principal Place of Business:

Current Mailing Address:

7601 INTERACTIVE WAY
INDIANAPOLIS, IN 46278

New Mailing Address:

FEI Number: 35-1933097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: CEO
Name: BROWN, DONALD E DR
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

Title: CFO
Name: HEAD, STEPHEN R
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VPS
Name: BLOUGH, GARY
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VP
Name: HYNES, PAMELA J
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

Title: SVP
Name: STAPLES, JOE
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VP
Name: GILDEA, WILLIAM
Address: 7601 INTERACTIVE WAY
City-St-Zip: INDIANAPOLIS, IN 46278

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN R. HEAD

CFO

01/26/2010

Electronic Signature of Signing Officer or Director

Date