

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20891

1. Entity Name
INTER-TEL TECHNOLOGIES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90012 046 ***150.00

Principal Place of Business Mailing Address *New address*
120 N. 44TH ST. *New address: j* 120 N. 44TH ST. *1615 S. 52nd street*
SUITE 200 *1615 S. 52nd st.* SUITE 200 *Tempe, AZ 85281*
PHOENIX AZ 85034 *US* PHOENIX AZ 85034 *US*
US *US*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 86-0380283		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BAUGHER, LARRY				Name			
8010 WOODLAND CTR BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1200							
TAMPA FL 33614				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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. EXISTING OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MIHAYLO, STEVEN G 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Mi haylo, Steven G 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNEIP, KURT R. 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Kneip, Kurt R 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCAPLINE, ROSS 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mcapline, Ross 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAUCHLE, CRAIG W 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rauche Craig W 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLOUD, RAYMOND 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mccloud, Raymond 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREADWAY, BEN 120 N. 44TH ST. STE. 200 PHOENIX AZ 85034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Treadway, Ben 1615 S. 52nd street Tempe, AZ 85281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** 1/23/02 480-444-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)