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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33309

(6)

1. Corporation Name

INTER-TEL NETSOLUTIONS, INC.

Principal Place of Business

120 NORTH 44TH STREET
SUITE 200
PHOENIX AZ 85034
US

Mailing Address

120 NORTH 44TH STREET
SUITE 200
CHANDLER AZ 85034-1823
US

3. Date Incorporated or Qualified

03/26/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

76-0311713

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 120 North 44th Street

27 Suite, Apt. #, etc.
Suite 200

28 City & State

Phoenix Arizona

29 Zip

85034-1822

30 Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, KRIS
8010 WOODLAND CTR BLVD
SUITE 1200
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	MIHAYLO, STEVEN G.	
STREET ADDRESS	120 N 44TH ST SUITE 200	
CITY-ST-ZIP	CHANDLER-AZ	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KNEIP, KURT R.	
STREET ADDRESS	120 N 44TH ST SUITE 200	
CITY-ST-ZIP	CHANDLER-AZ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIHAYLO, CHARLES V.	
STREET ADDRESS	120 N 44TH ST SUITE 200	
CITY-ST-ZIP	CHANDLER-AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'BLOCK, JOHN	
STREET ADDRESS	120 N 44TH ST SUITE 200	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SELBIG, MACKEY	
STREET ADDRESS	120 N 44TH ST SUITE 200	
CITY-ST-ZIP	PHOENIX AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Phoenix AZ 85034-1822
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Phoenix AZ 85034-1822
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Phoenix AZ 85034-1822
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	Howard, Ronald
6.4 CITY-ST-ZIP	120 North 44th Street, Suite 200 Phoenix AZ 85034-1822

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(602) 302-8900

Date

Daytime Phone #

CR2E034 (9/96)