## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P33309** May 24, 2000 8:00 am Secretary of State 1. Entity Name INTER-TEL NETSOLUTIONS, INC. 05-24-2000 90196 048 \*\*\*150.00 Principal Place of Business Mailing Address 120 NORTH 44TH STREET 120 NORTH 44TH ST SUITE 200 SUITE 200 PHOENIX AZ 85034-1826 PHOENIZ AZ 85034 001004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 76-0311713 Not Applicable 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 BAUGHER, LARRY Street Address (P.O. Box Number is Not Acceptable) 2010 WOODLAND CENTER BLVD **SUITE 1200 TAMPA FL 33614** 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 DATE 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VDC TITLE Addition TITLE ☐ Delete NAME MIHAYLO, STEVEN G. NAME STREET ADDRESS STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP CITY-ST-71P PHOENIX AZ STD Change ∏ Addition Delete TITLE TITLE KNEIP, KURT R. NAME NAME STREET ADDRESS 120 N 44TH ST SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Change Addition TITLE' Delete TITLE MCALPINE, ROSS E NAME NAME 120 N 44TH ST SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85034 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ABBOTT, JOHN C NAME NAME STREET ADDRESS STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85034 ☐ Delete Change Addition TITLE NAME

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.

TITLE

NAME

Delete

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition