

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90051 042 ***150.00

DOCUMENT # P33309

1. Entity Name
INTER-TEL NETSOLUTIONS, INC.

Principal Place of Business
 120 NORTH 44TH STREET
 SUITE 200
 PHOENIX AZ 85034
 US

New
 1615 S. 52nd St.
 Tempe, AZ 85281

Mailing Address
 120 NORTH 44TH ST
 SUITE 200
 PHOENIX AZ 85034-1822
 US

New
 1615 S. 52nd Street
 Tempe, AZ 85281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 76-0311713		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

BAUGHER, LARRY
 2010 WOODLAND CENTER BLVD
 SUITE 1200
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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) ☐ **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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME MIHAYLO, STEVEN G. STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP PHOENIX AZ 85034	<input type="checkbox"/> Delete address change only	TITLE VD NAME Mihaylo, Steve G. STREET ADDRESS 1615 S. 52nd Street CITY-ST-ZIP Tempe, AZ 85281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME KNEIP, KURT R. STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP PHOENIX AZ 85034	<input type="checkbox"/> Delete Address Change only	TITLE VSD NAME Kneip, Kurt R. STREET ADDRESS 1615 S. 52nd Street CITY-ST-ZIP Tempe, AZ 85281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCALPINE, ROSS E STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP PHOENIX AZ 85034	<input type="checkbox"/> Delete Add: Change only	TITLE D NAME MCALPINE, ROSS E STREET ADDRESS 1615 S. 52nd Street CITY-ST-ZIP Tempe, AZ 85281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ABBOTT, JOHN C STREET ADDRESS 120 N 44TH ST SUITE 200 CITY-ST-ZIP PHOENIX AZ 85034	<input type="checkbox"/> Delete Add. Change only	TITLE T NAME ABBOTT, JOHN C STREET ADDRESS 1615 S. 52nd Street CITY-ST-ZIP Tempe, AZ 85281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME BRINTON, JON STREET ADDRESS 3550 N CENTRAL AV., STE 800 CITY-ST-ZIP PHOENIX AZ 85012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 480-499-8900
 Date Daytime Phone #

CR2E034 (9/01)