


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90146 041 \*\*\*150.00

**DOCUMENT # F0000000402**

1. Entity Name  
**INTER-TEL BUSINESS INFORMATION SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**4310 E COTTON CENTER BLVD**      **1615 S. 52ND STREET**  
**PHOENIX, AZ 85040-8852 US**      **TEMPE, AZ 85281 US**

40055103



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04172008      Chg-P      CR2E034 (12/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**91-2016177**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOUT, NORMAN</b> <b>1615 S. 52ND STREET</b> <b>TEMPE, AZ 85281</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARDNER, JOHN L</b> <b>1615 S. 52ND STREET</b> <b>TEMPE, AZ 85281</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HULL, BRIAN</b> <b>1615 S. 52ND STREET</b> <b>TEMPE, AZ 85281</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <b>KNEIP, KURT R</b> <b>1615 S. 52ND STREET</b> <b>TEMPE, AZ 85281</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCLLOUD, RAY</b> <b>4310 E. COTTON CENTER BLVD</b> <b>PHOENIX, AZ 85040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARDNER, JOHN L</b> <b>1615 S. 52ND STREET</b> <b>TEMPE, AZ 85281</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard Braband</b> <b>885 Trademark Drive</b> <b>Reno, NV 89521</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steve Spooner</b> <b>350 Legget Drive</b> <b>Kanata, ON K2K 2W7</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Greg Hiscock</b> <b>350 Legget Drive</b> <b>Kanata, ON K2K 2W7</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Global Taxation</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan K. Sherman</b> <b>1615 S. 52nd Street</b> <b>Tempe, AZ 85281</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan K. Sherman      Susan K. Sherman      4/17/08      (480)449-8900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #