

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90317 001 ***150.00

DOCUMENT # F00000000402

1. Entity Name
EXECUTONE INTER-TEL BUSINESS INFORMATION SYSTEMS

Principal Place of Business C/O JOANN B. HETZER 478 WHEELERS FARM ROAD MILFORD CT 06460	Mailing Address C/O JOANN B. HETZER 478 WHEELERS FARM ROAD MILFORD CT 06460
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 North 44th Street	3. Mailing Address 120 North 44th Street
---	---

Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
----------------------------------	----------------------------------

City & State Phoenix AZ	City & State Phoenix AZ
----------------------------	----------------------------

4. FEI Number 91-2016177	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 85034	Country USA	Zip 85034	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	--------------	----------------	---

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOUT, NORMAN		NAME	
STREET ADDRESS 120 NORTH 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85034		CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOKE, JAMES L		NAME	
STREET ADDRESS 478 WHEELERS FARMS ROAD		STREET ADDRESS	
CITY-ST-ZIP MILFORD CT 06460		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARDNER, JOHN L		NAME	
STREET ADDRESS 120 NORTH 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85034		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, JEFFREY T		NAME	
STREET ADDRESS 120 NORTH 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85034		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNEIP, KURT R		NAME	
STREET ADDRESS 120 NORTH 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85034		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAUCHLE, CRAIG W		NAME	
STREET ADDRESS 120 NORTH 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85034		CITY-ST-ZIP	

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: BRK Vice President 3/5/01 602-302-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)