


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 010 ***150.00

DOCUMENT # F0000000402

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



Principal Place of Business Mailing Address

**4310 E COTTON CENTER BLVD
 PHOENIX, AZ 85040-8852 US** **1615 S. 52ND STREET
 TEMPE, AZ 85281 US**

30017491



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

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 _____ 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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOUT, NORMAN | |
| STREET ADDRESS | 1615 S. 52ND STREET | |
| CITY-ST-ZIP | TEMPE, AZ 85281 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GARDNER, JOHN L | |
| STREET ADDRESS | 1615 S. 52ND STREET | |
| CITY-ST-ZIP | TEMPE, AZ 85281 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KRIETZBERG, DAVID | |
| STREET ADDRESS | 4310 E COTTON CENTER BLVD | |
| CITY-ST-ZIP | PHOENIX, AZ 850408852 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | KNEIP, KURT R | |
| STREET ADDRESS | 1615 S. 52ND STREET | |
| CITY-ST-ZIP | TEMPE, AZ 85281 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CRAIG, RAUCHLE W | |
| STREET ADDRESS | 885 TRADEMARK DR | |
| CITY-ST-ZIP | RENO, NV 89511 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | David Krietzberg | |
| STREET ADDRESS | 1251 E. Dyer Road, Suite 100 | |
| CITY-ST-ZIP | Santa Ana, CA 92705 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John L. Gardner | |
| STREET ADDRESS | 1615 S. 52nd Street | |
| CITY-ST-ZIP | Tempe, AZ 85281 | |

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:  **Kurt R. Kneip, VP/SECY** **4/14/06** **(480)449-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #