

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90476 028 \*\*\*150.00

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04192007 Chg-P CR2E034 (12/06)

DOCUMENT # F00000000402							
1. Entity Name INTER-TEL BUSINESS INFORMATION SYSTEMS, INC.							
Principal Place of Business 4310 E COTTON CENTER BLVD PHOENIX, AZ 85040-8852 US			Mailing Address 1615 S. 52ND STREET TEMPE, AZ 85281 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 91-2016177			
Applied For		Not Applicable					
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			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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STOUT, NORMAN		NAME				
STREET ADDRESS	1615 S. 52ND STREET		STREET ADDRESS				
CITY-ST-ZIP	TEMPE, AZ 85281		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	1615 S. 52ND STREET		STREET ADDRESS				
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	KRIETZBERG, DAVID		NAME	VP			
STREET ADDRESS	1251 W. DYER ROAD, SUITE 100		STREET ADDRESS	Hull, Brian			
CITY-ST-ZIP	SANTA ANA, CA 92705		CITY-ST-ZIP	1615 S. 52nd Street			
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	Tempe, AZ 85281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNEIP, KURT R		NAME	Kneip, Kurt R. VP/Secy/Dir			
STREET ADDRESS	1615 S. 52ND STREET		STREET ADDRESS				
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRAIG, RAUCHLE W		NAME	McCloud, Ray			
STREET ADDRESS	885 TRADEMARK DR		STREET ADDRESS	4310 E. Cotton Center Blvd.			
CITY-ST-ZIP	RENO, NV 89511		CITY-ST-ZIP	Phoenix, AZ 85040			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARDNER, JOHN L		NAME				
STREET ADDRESS	1615 S. 52ND STREET		STREET ADDRESS				
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP				
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: <u>Kurt R. Kneip</u>		Kurt R. Kneip, VP/Secy		4/19/07 (480)449-8900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			