

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001164

Entity Name: INCONTACT, INC.

Current Principal Place of Business:

7730 S. UNION PARK AVE, SUITE 500
MIDVALE, UT 84047

Current Mailing Address:

7730 S. UNION PARK AVE, SUITE 500
MIDVALE, UT 84047

FEI Number: 87-0528557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN
Name STERN, TED
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title CEO, DIRECTOR
Name JARMAN, PAUL
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title COO
Name WELCH, SCOTT
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title SECRETARY
Name PARTRIDGE, KIMM
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title DIRECTOR
Name BARNETT, STEVE
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title CFO
Name AYERS, GREGORY S
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title VP
Name ROBINSON, WILLIAM
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title CTO
Name GOSAIN, HEMANT "SUNNY"
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMM PARTRIDGE

CORPORATE SECRETARY 01/13/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title CMO
Name MCDONAGH, MARIANN
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title DIRECTOR
Name KOEPPE, PAUL
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title DIRECTOR
Name EMKJER, MARK
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title VP
Name SALEM, BASSAM
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title DIRECTOR
Name FISHER, BLAKE
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047

Title DIRECTOR
Name AKHAVAN, HAMID
Address 7730 S. UNION PARK AVE, SUITE 500
City-State-Zip: MIDVALE UT 84047