

**2016 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 CTO/CSO  
Name CRITCHFIELD, JULIAN  
Address 7730 S. UNION PARK AVE, SUITE 500  
City-State-Zip: MIDVALE UT 84047

Title ASSISTANT 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 SECRETARY  
Name LLOYD, DANIEL  
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

ASSISTANT CORPORATE 01/22/2016  
SECRETARY

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 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