


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90020 019 ***150.00

DOCUMENT # F03000001164 1. Filing Office: UCN, INC.			
Principal Place of Business: 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065		Mailing Address: 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	
2. Principal Place of Business:		3. Mailing Address:	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits the 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Director STERN, TED 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Information Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott Welch 14870 South Pony Express Road Bluffdale, UT 84065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE <input type="checkbox"/> Director JARMAN, PAUL 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kevin Childs 14870 South Pony Express Road Bluffdale, UT 84065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Director OZANNE, JAMES 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Koeppe 14870 South Pony Express Road Bluffdale, UT 84065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Director SMITH, G. DOUGLAS 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blake C Fisher, Jr. 14870 South Pony Express Road Bluffdale, UT 84065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <input type="checkbox"/> Director PARTRIDGE, KIMM 14870 S PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian Morgan 14870 South Pony Express Road Bluffdale, UT 84065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Director BARNETT, STEVE 14870 SOUTH PONY EXPRESS ROAD BLUFFDALE, UT 84065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reflected 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 of this report, or on an attachment with an affidavit, with all other like empowered			
SIGNATURE: <u>KE Partridge</u>		Kimm Partridge, Corporate Secretary 1-20-06 (566) 541 0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			