


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90030 022 ***150.00

DOCUMENT # F96000003542					
1. Entity Name ICT GROUP, INC.					
Principal Place of Business 100 BRANDYWINE BLVD NEWTOWN, PA 18940		Mailing Address 100 BRANDYWINE BLVD NEWTOWN, PA 18940			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Attn: Legal Department</i>			
City & State		City & State			
Zip	Country	Zip	Country	07112005 Chg-P CR2E034 (10/03) 4. FEI Number 23-2458937 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name <i>Corporation Service Company</i> Street Address (P.O. Box Number is Not Acceptable) <i>1301 HAYS STREET</i> City <i>TALLAHASSEE</i> FL Zip Code <i>32301</i>		
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 <i>Tabatha Muler, Asst VP</i> DATE <i>7/13/05</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP <input type="checkbox"/> Delete	TITLE	Secretary + B.C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRENNAN, JOHN J	NAME	Jeffrey C. Moore		
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS	100 Brandywine Blvd		
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP	Newtown PA 18940		
TITLE	V <input type="checkbox"/> Delete	TITLE	CFO (TREASURER) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PACCAPANICCIA, VINCENT	NAME	Vincent Paccapaniccia		
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS	100 Brandywine Blvd		
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP	Newtown PA 18940		
TITLE	DC <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRENNAN, DONALD P	NAME	Seth J. Lehr		
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS	100 Brandywine Blvd		
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP	Newtown PA 18940		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SOMERS, BERNARD	NAME	John Stoops		
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS	100 Brandywine Blvd		
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP	Newtown PA 18940		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGEE, JOHN L	NAME			
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, JOHN D	NAME			
STREET ADDRESS	100 BRANDYWINE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEWTOWN, PA 18940	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			Date: <i>7/18/05</i> Daytime Phone #: <i>(267) 685-5024</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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