


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 OCT 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003542 1. Entity Name ICT GROUP, INC.	
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Principal Place of Business 100 BRANDYWINE BLVD NEWTOWN, PA 18940	Mailing Address 100 BRANDYWINE BLVD ATTN: LEGAL DEPARTMENT NEWTOWN, PA 18940
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10112006 REIN-P CR2E098 (11/05)

4. FEI Number 23-2458937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP BRENNAN, JOHN J 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEFFREY C. MOORE 100 BRANDYWINE BLVD. NEWTOWN, PA 18940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT PACCAPANICCIA, VINCENT 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081070327 10/20/06--01848--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRENNAN, DONALD P 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 10/27/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERS, BERNARD 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHR, SETH J 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOOPS, JOHN 100 BRANDYWINE BLVD NEWTOWN, PA 18940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN STOOPS 100 BRANDYWINE BLVD. NEWTOWN, PA 18940 <input checked="" 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 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: Jeffrey C. Moore 10/18/06 267-685-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #