

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003542 (5)

1. Corporation Name:
ICT GROUP, INC.



Principal Place of Business
800 TOWN CTR DR
LANGHORNE PA 19047

Mailing Address
800 TOWN CTR DR
LANGHORNE PA 19047-1749

3. Date Incorporated or Qualified 07/12/1996	3a. Date of Last Report
4. FEI Number 23-2458937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JOHN J	1.2 NAME	John Stoops
STREET ADDRESS	800 TOWN CTR DR	1.3 STREET ADDRESS	800 Town Center Drive
CITY-STATE-ZIP	LANGHORNE PA 19047	1.4 CITY-STATE-ZIP	Langhorne, PA 19047
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	CEO/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JOHN J	2.2 NAME	Carl E. Smith
STREET ADDRESS	800 TOWN CTR DR	2.3 STREET ADDRESS	800 Town Center Drive
CITY-STATE-ZIP	LANGHORNE PA 19047	2.4 CITY-STATE-ZIP	Langhorne, PA 19047
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, DONALD P	3.2 NAME	
STREET ADDRESS	800 TOWN CTR DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LANGHORNE PA 19047	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERS, BERNARD	4.2 NAME	
STREET ADDRESS	800 TOWN CTR DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LANGHORNE PA 19047	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, JOHN L	5.2 NAME	
STREET ADDRESS	800 TOWN CTR DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LANGHORNE PA 19047	5.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN D	6.2 NAME	
STREET ADDRESS	800 TOWN CTR DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LANGHORNE PA 19047	6.4 CITY-STATE-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl E. Smith* *Sellen Lambert* 3/4/97 215-702020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)