

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90005 037 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003542
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

3. Date Incorporated or Qualified 07/12/1996	
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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BRENNAN, JOHN J	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, JOHN J	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BRENNAN, DONALD P	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOMERS, BERNARD	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAGEE, JOHN L	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JOHN D	
STREET ADDRESS	800 TOWN CTR DR	
CITY-ST-ZIP	LANGHORNE PA 19047	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VINCENT PACCAPANICCIA
2.3 STREET ADDRESS	800 Town Center Drive
2.4 CITY-ST-ZIP	Langhorne PA 19047
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: VINCENT PACCAPANICCIA, 9/13/99 (215) 257-0200

CR2E034 (5/99)