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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F97000000939 (5)**
 1. Corporation Name
NACT TELECOMMUNICATIONS, INC.



Principal Place of Business Mailing Address
~~882 E 720 S~~ ~~OREM UT 84058~~
~~382 E 720 S~~ ~~OREM UT 84058~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/21/1997

2. Principal Place of Business 2a. Mailing Address
 21 **191 WEST 5200 NORTH** 26 **← SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **PROVO UTAH** 28
 Zip Country Zip Country
 24 **84604** 25 **USA** 29 30

4. FEI Number Applied For
87-0378662 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name **← SAME**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC <input type="checkbox"/> DELETE
NAME	SAWYER, THOMAS E
STREET ADDRESS	882 E 720 S 191 WEST 5200 NORTH
CITY-ST-ZIP	OREM UT 84058 PROVO, UT 84604
TITLE	DP <input type="checkbox"/> DELETE
NAME	WALLACE, A LINDSAY
STREET ADDRESS	882 E 720 S 191 WEST 5200 NORTH
CITY-ST-ZIP	OREM UT 84058 PROVO, UT 84604
TITLE	CEO <input type="checkbox"/> DELETE
NAME	WALLACE, A LINDSAY
STREET ADDRESS	882 E 720 S 191 WEST 5200 NORTH
CITY-ST-ZIP	OREM UT 84058 PROVO, UT 84604
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLANKSTEIN, W GORDON
STREET ADDRESS	1030-999 W HASTINGS ST
CITY-ST-ZIP	VANCOUVER, BC CANADA V6C 2W2
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OLSON, ROBERT L
STREET ADDRESS	4317 NE THURSTON WAY
CITY-ST-ZIP	VANCOUVER WA 98662
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IRWIN, STEPHEN
STREET ADDRESS	505 PARK AVE
CITY-ST-ZIP	NY NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEVEN A. ODOM
1.3 STREET ADDRESS	945 E. PACES FERRY RD., STE 2240
1.4 CITY-ST-ZIP	ATLANTA, GA 30326
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENSLEY E. WEST
2.3 STREET ADDRESS	945 E. PACES FERRY RD., STE 2240
2.4 CITY-ST-ZIP	ATLANTA, GA 30326
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK A. GERGEL
3.3 STREET ADDRESS	945 E. PACES FERRY RD., STE 2240
3.4 CITY-ST-ZIP	ATLANTA, GA 30326
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCOTT N. MADIGAN
4.3 STREET ADDRESS	945 E. PACES FERRY RD., STE 2240
4.4 CITY-ST-ZIP	ATLANTA, GA 30326
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 **ERIC E. GARR** 4/16/98 (401) 802-3300

CR2E034 (10/97)