


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**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90004 027 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000000939** ✓

1. Corporation Name  
**NACT TELECOMMUNICATIONS, INC.**



Principal Place of Business: 191 WEST 5200 NORTH, PROVO UT 84604, US

Mailing Address: 191 WEST 5299 NORTH, PROVO UT 84604, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				87-0378662	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, THOMAS E		1.2 NAME	Eric F. Burr	
STREET ADDRESS	191 WEST 5200 NORTH		1.3 STREET ADDRESS	191 W. 5200 N.	
CITY-ST-ZIP	PROVO UT 84604		1.4 CITY-ST-ZIP	Provo Utah 84604	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. Strategic Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, A LINDSAY		2.2 NAME	Geoffrey Shupe	
STREET ADDRESS	191 WEST 5200 NORTH		2.3 STREET ADDRESS	191 W. 5200 N.	
CITY-ST-ZIP	PROVO UT 84604		2.4 CITY-ST-ZIP	Provo Utah 84604	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. Research & Devel.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, A LINDSAY		3.2 NAME	Gary P. Brown	
STREET ADDRESS	191 WEST 5200 NORTH		3.3 STREET ADDRESS	191 W. 5200 N.	
CITY-ST-ZIP	PROVO UT 84604		3.4 CITY-ST-ZIP	Provo Utah 84604	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V.P. Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODOM, STEVEN A.		4.2 NAME	Benjamin D. Winnie	
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240		4.3 STREET ADDRESS	191 W. 5200 N.	
CITY-ST-ZIP	ATLANTA GA 30326		4.4 CITY-ST-ZIP	Provo UT 84604	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	V.P. Facilities Management	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, HENSLEY E.		5.2 NAME	Gary Gibbs	
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240		5.3 STREET ADDRESS	191 W. 5200 N.	
CITY-ST-ZIP	ATLANTA GA 30326		5.4 CITY-ST-ZIP	Provo UT 84604	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERGEL, MARK A.		6.2 NAME		
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		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 F. Burr DATE: 7/26/99 DAYTIME PHONE: 801-802-3000

CR2E034 (5/99)