

1.) CORPORATION NAME:

InterCall, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1444084**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11808 MIRACLE HILLS DRIVE

CITY/ST/ZIP: OMAHA, NE 68154

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|--|---|--|
| <p>NAME: JOSEPH SCOTT ETZLER TITLE: PRESIDENT ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: PAUL M MENDLIK TITLE: CFO/T ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: NANCEE R BERGER TITLE: COO ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: TODD B STRUBBE TITLE: CEO ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: DAVID C MUSSMAN TITLE: SECRETARY ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: ROBERT B WISE TITLE: EVP ADDRESS: 11808 MIRACLE HILLS DRIVE CITY/ST/ZIP/CO: OMAHA, NE 68154</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

| | | | |
|-----------------|---------------------------|----------------------------------|--|
| NAME: | THOMAS B BARKER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11808 MIRACLE HILLS DRIVE | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68154 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ PAUL M MENDLIK | PAUL M MENDLIK, CFO/T | 9/16/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.