



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 142625		2. Name of Corporation XETA Technologies, Inc.			
3. Street Address Principal Business Office 1214 W Tacoma			City Broken Arrow	State OK	Zip 74012
4. Business Phone No. 918.664-8200		5. State of Incorporation OKLAHOMA		6. SIC Code 339900	
7. Brief Description of the Character of Business Conducted in Rhode Island SELL AND SERVICE GOODS IN RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jack R. Ingram			Vice President Name (Executive Director of Operations) Larry N. Patterson		
Street Address 7777 S. Jamestown Ave			Street Address 11918 S. 88th E. Ave		
City Tulsa	State OK	Zip 74136	City Bixby	State OK	Zip 74008
Secretary Name Robert B. Wagner			Treasurer Name Same as Secretary		
Street Address 9500 S. 53rd West Pl.			Street Address		
City Tulsa	State OK	Zip 74131	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ron B. Barber			Director Name Robert D. Hirsch		
Street Address 432 W. 109th St			Street Address 135 Teaberry Circle		
City Jenks	State OK	Zip 74037	City Chagrin Falls	State OH	Zip 44022
Director Name Donald T Duke			Director Name Ronald L. Siegenthaler		
Street Address 1505 Vandivort Place			Street Address 10216 S. 166th E. AVE		
City Edmond	State OK	Zip 73034	City Tulsa	State OK	Zip 74133
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
50,000,000	COMM \$.001 PAR VALUE, 500,000 PREFERRED \$.10 PAR VALUE		11,031,575	Common	.001
			0	Preferred	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



142625

File Date: APR 14 2005
Check No: [blank]
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/24/05
Print or Type Name of Officer: ROBERT B. WAGNER
Title of Officer: CFO