

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90142 013 \*\*\*150.00  
 08-18-2003 90161 014 \*\*\*400.00

90150787




CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F03000000099**

1. Entity Name  
**WEST TELEMARKETING CORPORATION**



Principal Place of Business  
 5031 COMMERCE PARK CIRCLE  
 PENSACOLA FL 32505

Mailing Address  
 11808 MIRACLE HILLS DRIVE  
 OMAHA NE 68154

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**43-1990049**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>WEST, GARY L</b> <b>11808 MIRACLE HILLS DRIVE</b> <b>OMAHA NE 68154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>COO</b> <b>Berget, Nancee</b> <b>11808 Miracle Hills Drive</b> <b>Omaha NE 68154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVCS</b> <b>WEST, MARY E</b> <b>11808 MIRACLE HILLS DRIVE</b> <b>OMAHA NE 68154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DCEO</b> <b>BAKER, THOMAS B</b> <b>11808 MIRACLE HILLS DRIVE</b> <b>OMAHA NE 68154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Baker, Thomas B.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CFOT</b> <b>MENDLIK, PAUL M</b> <b>11808 MIRACLE HILLS DRIVE</b> <b>OMAHA NE 68154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dirct for</b> <b>Fisher, William E.</b> <b>7887 E. Belleview Ave Ste 1000</b> <b>Englewood CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>LAVIN, MARK V</b> <b>11808 MIRACLE HILLS DRIVE</b> <b>OMAHA NE 68154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dirct for</b> <b>Siloma, Greg T.</b> <b>9710 W. Dodge Rd #200</b> <b>Omaha NE 68114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Krauss, George H.</b> <b>3850 Woodmen Tower</b> <b>Omaha NE 68102</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE: Paul Mendlik** **Paul Mendlik** **7/22/03 402-963-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)