2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90050 036 ***150.00

DOCUMENT # F99000003120

1. Entity Name
CLIENTLOGIC OPERATING CORPORATION

Principal Place of Business	Mailing Address
699 HERTEL AVE. BUFFALO NY 14207-2398	699 HERTEL AVE. BUFFALO NY 14207-2398

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Two American Center, 3102 West End Avenue	640 Ellicott Street Suite, Apt. #, etc. Atn: Legal Affairs
City & State: Nashville, TN	City & State: Buffalo, NY
Zip: 37203 Country: US	Zip: 14203 Country: US

4. FEI Number 16-1364816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BRIGGS, MARK R 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO1 Paul R Stone 3102 West End Avenue Suite1000 Nashville, TN 37203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOS MORPHIS, GENE S 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASGC KAWALICK, STEVEN M 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAO BILTEOFF, JOANNE 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSDO CASTEEL, JULIE 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO MICHEL, JEFFREY 3102 WEST END CENTER SUITE 100 NASHVILLE TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL STONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
Date

(615)301-7123
Daytime Phone #