

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003120

1. Corporation Name

ClientLogic Operating Corporation

2. Principal Office Address

Two American Center

Suite, Apt. #, etc.

3102 West End Avenue

City & State

Nashville, TN

Zip

37203

Country

USA

3. Mailing Office Address

Two American Center

Suite, Apt. #, etc.

3102 West End Avenue

City & State

Nashville, TN

Zip

37203

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/99

5. FEI Number

16-1364816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

600039491326
07/26/04--01003--007 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date 7/2/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<u>See Attached Statement</u>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Craig Jantzi Craig Jantzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/04 615-301-7113

Title	Name	Business Address
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Officer

President & CEO	David Garner	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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COO	Chad Carlson	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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CFO	Paul Stone	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Chief Sales and Marketing Officer	Julie Casteel	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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CIO	David Eckert	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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CEO- Europe	Jules Kortenhorst	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Executive VP	Tom Harbison	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Senior Vice President, General Counsel Secretary	Terrence Leve	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Treasurer	Craig Jantzi	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Directors

Director	Harvey Golub	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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Director	Thomas Harbison	Two American Center, Suite 100 3102 West End Avenue Nashville, TN 37203
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