2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003120

1. Entity Name
CLIENTLOGIC OPERATING CORPORATION

Principal Place of Business	Mailing Address
TWO AMERICAN CENTER 3102 WEST END AVENUE NASHVILLE, TN 37203	3102 WEST END AVENUE ATTN: LEGAL AFFAIRS NASHVILLE, TN 37203

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000556173
05/16/06-80062-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	GARNER, DAVID
STREET ADDRESS	3102 WEST END CENTER SUITE 100
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	CFO
NAME	PAUL, STONE
STREET ADDRESS	3102 WEST END AVENUE SUITE 100
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	CLO
NAME	TERRANCE, LEVE
STREET ADDRESS	3102 WEST END CENTER SUITE 100
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	TREA
NAME	CRAIG, JANTZI
STREET ADDRESS	3102 WEST END CENTER SUITE 100
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Stone 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #