

**2307 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000003120

1. Entity Name
SITEL OPERATING CORPORATION



Principal Place of Business

**TWO AMERICAN CENTER
3102 WEST END AVENUE
NASHVILLE, TN 37203**

Mailing Address

**3102 WEST END AVENUE
ATTN: LEGAL AFFAIRS
NASHVILLE, TN 37203**



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
GARNER, DAVID
3102 WEST END CENTER SUITE 100
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
PAUL, STONE
3102 WEST END AVENUE SUITE 100
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CLO
TERRANCE, LEVE
3102 WEST END CENTER SUITE 100
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
CRAIG, JANTZI
3102 WEST END CENTER SUITE 100
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000763994
05/30/07-80038-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #