

1305000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

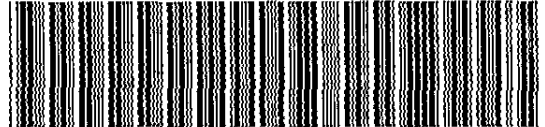
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 134135 5152702
AUTHORIZATION : *Patricia Pigatto*
COST LIMIT : \$ 87.50

ORDER DATE : January 10, 2005
ORDER TIME : 10:08 AM
ORDER NO. : 134135-020
CUSTOMER NO: 5152702

CUSTOMER: Ms. Jeanie Ferguson
Blackwell Sanders Peper
Suite 2100
1620 Dodge Street
Omaha, NE 68102

PLEASE FILE 2ND

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: WEST TELEMARKETING, LP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. West Telemarketing, LP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 11/10/04
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company
By: [Signature]
(Agent must sign on this line)

8. 2711 Centerville Road, Suite 400, Wilmington, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

West Transaction Services, LLC 11808 Miracle Hills Drive, Omaha, NE 68154

1704 UUUU 5372

10. 11808 Miracle Hills Drive, Omaha, NE 68154
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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12. 11808 Miracle Hills Drive, Omaha, NE 68154

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30th day of December, 2004.

West Transaction Services, LLC

By: Paul M. Mendlik

General Partner

Paul M. Mendlik, Manager

STATE OF Nebraska

COUNTY OF Douglas

On this 30th day of December, 2004.

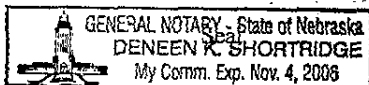
_____, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Deneen K. Shortridge
(Notary Public Signature)

Deneen K. Shortridge
(Notary's Printed Name)



My Commission Expires: November 4, 2006

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Paul M. Mendlik, Manager of West
BEFORE ME the undersigned personally appeared Transaction Services, LLC,
a general partner of West Telemarketing, LP, a(an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

*West Telemarketing, LP has elected to be taxed as a Corporation for Federal and Florida tax purposes and must file a Florida corporate income tax return.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19 day of January, 2005.

West Transaction Services, LLC
General Partner

by Paul M. Mendlik, Manager

STATE OF NEBRASKA

COUNTY OF DOUGLAS

On this 19 day of January, 2005,

Paul M. Mendlik, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Deneen K. Shortridge
(Notary Public Signature)

Deneen K. Shortridge
(Notary's Printed Name)

Seal

My Commission Expires: 11-4-2006

