

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006443

1. Entity Name  
**RECALL TOTAL INFORMATION MANAGEMENT, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 16 PM 2:49

Principal Place of Business  
555 NORTH POINT CENTER EAST  
THIRD FLOOR  
ALPHARETTA, GA 30022

Mailing Address  
555 NORTH POINT CENTER EAST  
THIRD FLOOR  
ALPHARETTA, GA 30022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3795227** 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. 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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **TRUJILLO, ALFREDO**  
STREET ADDRESS **6111 LIVE OAK PARKWAY**  
CITY-ST-ZIP **NORCROSS, GA 60611**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Alfredo Trujillo**  
STREET ADDRESS **555 North Point Center East, #150**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **VST** ☒ Delete  
NAME **WEBSTER, DAVID J**  
STREET ADDRESS **400 NORTH MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Melissa L. Schmidt**  
STREET ADDRESS **555 North Point Center East, Third Fl.**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **CD** ☒ Delete  
NAME **MENDES, H. VICTOR**  
STREET ADDRESS **6111 LIVE OAK PARKWAY**  
CITY-ST-ZIP **NORCROSS, GA 60611**

TITLE **VSTD** ☐ Change ☒ Addition  
NAME **T. Douglas Duskin**  
STREET ADDRESS **555 North Point Center East, Third Fl.**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **D** ☒ Delete  
NAME **PALA, ARNOLDO**  
STREET ADDRESS **6111 LIVE OAK PARKWAY**  
CITY-ST-ZIP **NORCROSS, GA 60611**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ajit Habbu**  
STREET ADDRESS **555 North Point Center East, #150**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **D** ☒ Delete  
NAME **LEGTSMANN, GERARD M**  
STREET ADDRESS **400 NORTH MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **AS** ☐ Change ☒ Addition  
NAME **Robin Cleavenger**  
STREET ADDRESS **555 North Point Center East, Third Fl.**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **D** ☒ Delete  
NAME **IWANOWSKI, JANICE L**  
STREET ADDRESS **400 NORTH MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE **AS** ☐ Change ☒ Addition  
NAME **Kelly Howley**  
STREET ADDRESS **1100 Peachtree St., Suite 2800**  
CITY-ST-ZIP **Atlanta, GA 30309**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Howley Kelly Howley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

5/12-3