2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-28-2003 90142 013 ***150.00
08-18-2003 90161 014 ***400.00

90150787

DOCUMENT # F03000000099

1. Entity Name
WEST TELEMARKETING CORPORATION

Principal Place of Business
5031 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

Mailing Address
11808 MIRACLE HILLS DRIVE
OMAHA NE 68154

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 43-1990049 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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 $550.00
After September 10, 2003 Fee will be $750.00
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	DC ☐ Delete	TITLE	COO ☐ Change ☒ Addition
NAME	WEST, GARY L	NAME	Berger, Nancee
STREET ADDRESS	11808 MIRACLE HILLS DRIVE	STREET ADDRESS	11808 Miracle Hills Drive
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	Omaha NE 68154
TITLE	DVCS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEST, MARY E	NAME	
STREET ADDRESS	11808 MIRACLE HILLS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	
TITLE	DCEO ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BAKER, THOMAS B	NAME	Barker, Thomas B.
STREET ADDRESS	11808 MIRACLE HILLS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	
TITLE	CFOT ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	MENDLIK, PAUL M	NAME	Fisher, William E.
STREET ADDRESS	11808 MIRACLE HILLS DRIVE	STREET ADDRESS	7887 E. Belleview Ave Ste 1000
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	Englewood CO 80111
TITLE	P ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	LAVIN, MARK V	NAME	Sloma, Greg T.
STREET ADDRESS	11808 MIRACLE HILLS DRIVE	STREET ADDRESS	9110 W. Dodge Rd #200
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	Omaha NE 68114
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Krauss, George H.
STREET ADDRESS		STREET ADDRESS	2850 Woodmen Tower
CITY-ST-ZIP		CITY-ST-ZIP	Omaha NE 68102

CR2E034 (4/03)

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: SIGNATURE ON FILE Paul Mendlik 7/22/03 402-963-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #