

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90027 045 ***150.00

DOCUMENT # F03000002366

1. Entity Name
SITEL CUSTOMER CARE, INC.



Principal Place of Business
**333 ONTARIO STREET
ST. CATHERINES, ONTARIO
CANADA L2R 5L3,**

Mailing Address
**333 ONTARIO STREET
ST. CATHERINES, ONTARIO
CANADA L2R 5L3,**

2. Principal Place of Business
335 Ontario Street
Suite, Apt. #, etc.

3. Mailing Address
165 Lawrence Bell Drive
Suite, Apt. #, etc.

City & State
St. Catharines, Ontario
Zip
L2R 5L3

City & State
Williamsville, NY
Zip
14221

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
98-0391878

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**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **CARNEY, ROGER E**
STREET ADDRESS **3587 PARKWAY LANE**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE VD ☐ Delete
NAME **KNUTT, CHRISTOFFER**
STREET ADDRESS **333 ONTARIO STREET**
CITY-ST-ZIP **ST. CATHERINES, ONT., CANADA,**

TITLE S ☐ Delete
NAME **COPELAND, STEVEN A**
STREET ADDRESS **333 ONTARIO STREET**
CITY-ST-ZIP **ST. CATHERINES, ONT., CANADA,**

TITLE T ☐ Delete
NAME **BLINKHORN, KAREN**
STREET ADDRESS **3587 PARKWAY LANE**
CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Change ☒ Addition
NAME **William C. Pinkney, Jr.**
STREET ADDRESS **3587 Parkway Lane**
CITY-ST-ZIP **Norcross, GA 30092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Christoffer M. Knut 4/2/04 **Christoffer M. Knut, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

905-346-4299