2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# F03000002366

Entity Name: SITEL CUSTOMER CARE, INC.

Current Principal Place of Business:

335 ONTARIO STREET
ST. CHATHARINES, ONTARIO, l2r 5l3

New Principal Place of Business:

335 ONTARIO STREET
ST. CHATHARINES, ONTARIO, ON L2R 5L3

Current Mailing Address:

165 LAWRENCE BELL DRIVE
BUFFALO, NY 14221

New Mailing Address:

FEI Number: 98-0391878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PINKNEY, WILLIAM C JR.
Address: 3587 PARKWAY LANE
City-St-Zip: NORCROSS, GA 30092

Title: VD ( ) Delete
Name: KNUTT, CHRISTOFFER
Address: 333 ONTARIO STREET
City-St-Zip: ST. CATHERINES, ONT., CANADA,

Title: S ( ) Delete
Name: COPELAND, STEVEN A
Address: 333 ONTARIO STREET
City-St-Zip: ST. CATHERINES, ONT., CANADA,

Title: T ( ) Delete
Name: BLINKHORN, KAREN
Address: 3587 PARKWAY LANE
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: KNUTT, CHRISTOFFER
Address: 333 ONTARIO STREET
City-St-Zip: ST. CATHERINES, ON L2R 5L3

Title: S (X) Change ( ) Addition
Name: COPELAND, STEVEN A
Address: 333 ONTARIO STREET
City-St-Zip: ST. CATHERINES, ON L2R 5L3

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A. COPELAND VP 04/11/2005

Electronic Signature of Signing Officer or Director — Date