

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001406**

1. Entity Name  
**SYKES E-COMMERCE, INCORPORATED**



Principal Place of Business

**400 N. ASHLEY DR, STE 2800  
TAMPA, FL 33602**

Mailing Address

**400 N. ASHLEY DR, STE 2800  
TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-1411505</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	KIPPHUT, W. MICHAEL
STREET ADDRESS	400 N. ASHLEY DR, STE 2800
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	DP
NAME	SYKES, CHARLES E
STREET ADDRESS	400 N. ASHLEY DR, STE 2800
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	S
NAME	HOLDER, JAMES T
STREET ADDRESS	400 N. ASHLEY DR, STE 2800
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	T
NAME	ROCKTOFF, WILLIAM
STREET ADDRESS	400 N. ASHLEY DR, STE 2800
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James T. Holder**  
**Secretary**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

**813-470-3339**