

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004967

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: AEGIS COMMUNICATIONS GROUP, INC.

## Current Principal Place of Business:

8201 RIDGEPOINT DRIVE  
IRVING, TX 75063

## New Principal Place of Business:

## Current Mailing Address:

8201 RIDGEPOINT DRIVE  
IRVING, TX 75063

## New Mailing Address:

FEI Number: 75-2050538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: VP ( ) Delete  
Name: HUGGINS, CHUNG  
Address: 8201 RIDGEPOINT DRIVE  
City-St-Zip: IRVING, TX 75063

Title: VP ( ) Delete  
Name: LATRISHA, NORRIS  
Address: 8201 RIDGEPOINT DRIVE  
City-St-Zip: IRVING, TX 75063

Title: D ( ) Delete  
Name: RAMASAMY, KANNAN  
Address: 8001 BENT BRANCH DR  
City-St-Zip: IRVING, TX 75063

Title: CEO ( ) Delete  
Name: FERRY, RICHARD N  
Address: 8201 RIDGEPOINT DRIVE  
City-St-Zip: IRVING, TX 75063

Title: O (X) Delete  
Name: VAN HOUTEN, KENT  
Address: 8201 RIDGEPOINT DRIVE  
City-St-Zip: IRVING, TX 75063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LATRISHA NORRIS

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date