

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90006 045 \*\*\*150.00

DOCUMENT # F 82068

1. Corporation Name

Precision Response Corporation

Principal Place of Business

1505 N.W. 167 ST  
4th Floor  
Miami, FL 33169

Mailing Address

1505 N.W. 167 ST  
4th Floor  
Miami, FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1982

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2194806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

Gordon, Mark J.  
1505 N.W. 167 ST.  
4th Floor  
Miami, FL 33169

10. Name and Address of New Registered Agent

81 Name

Richard D. Mondre

82 Street Address (P.O. Box Number is Not Acceptable)

Precision Response Corp.

83

1505 N.W. 167 ST. 4th Flr

84 City

MIAMI

FL

85

Zip Code

33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE Chairman of Board of Directors ☐ DELETE  
NAME Gordon, Mark J.  
STREET ADDRESS 1505 N.W. 167 ST., 4th Floor  
CITY-ST-ZIP MIAMI, FL 33169

TITLE Chief Executive Officer ☐ DELETE  
NAME Epstein, David L.  
STREET ADDRESS 1505 N.W. 167 ST., 4th Floor  
CITY-ST-ZIP MIAMI, FL 33169

TITLE Director, Exec. V.P., Genl. Counsel ☐ DELETE  
NAME + Secretary  
Mondre, Richard D.  
STREET ADDRESS 1505 N.W. 167 ST., 4th Floor  
CITY-ST-ZIP MIAMI, FL 33169

TITLE Sr. V.P. Financial & Chief ☐ DELETE  
NAME Financial Officer  
O'Hara, Paul M.  
STREET ADDRESS 1505 N.W. 167 ST. 4th Flr.  
CITY-ST-ZIP MIAMI, FL 33169

TITLE Treasurer ☐ DELETE  
NAME Gillis, Joseph E.  
STREET ADDRESS 1505 N.W. 167 ST. 4th Floor  
CITY-ST-ZIP MIAMI, FL 33169

TITLE Director, Chief Operating Officer ☒ DELETE  
NAME Murny, James F.  
STREET ADDRESS 1505 N.W. 167 ST., 4th Floor  
CITY-ST-ZIP MIAMI, FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME President & Chief Operating Officer  
6.3 STREET ADDRESS O'Brien, Wesley T.  
6.4 CITY-ST-ZIP 1505 N.W. 167 ST., 4th Floor  
MIAMI, FL 33169

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph E. Gillis*

Joseph E. Gillis

3/24/99

305-816-4828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)