

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

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

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



**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**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.  
 22 City & State  
 23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

4. FEI Number

*59-2194806*

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$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

*Richard D. Mondre*

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	<i>Chairman of Board of Directors</i> <input type="checkbox"/> DELETE
NAME	<i>Gordon, Mark J.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST., 4th Floor</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>
TITLE	<i>Chief Executive Officer</i> <input type="checkbox"/> DELETE
NAME	<i>Epstein, David L.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST., 4th Floor</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>
TITLE	<i>Director, Exec. V.P., Genl. Counsel &amp; Secretary</i> <input type="checkbox"/> DELETE
NAME	<i>Mondre, Richard D.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST., 4th Floor</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>
TITLE	<i>Sr. V.P. Financial &amp; Chief Financial Officer</i> <input type="checkbox"/> DELETE
NAME	<i>O'Hara, Paul M.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST. 4th Flr.</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>
TITLE	<i>Treasurer</i> <input type="checkbox"/> DELETE
NAME	<i>Gillis, Joseph E.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST. 4th Floor</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>
TITLE	<i>Director, Chief Operating Officer</i> <input checked="" type="checkbox"/> DELETE
NAME	<i>Murray, James F.</i>
STREET ADDRESS	<i>1505 N.W. 167 ST., 4th Floor</i>
CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<i>President &amp; Chief Operating Officer</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>O'Brien, Wesley T.</i>
6.3 STREET ADDRESS	<i>1505 N.W. 167 ST., 4th Floor</i>
6.4 CITY-ST-ZIP	<i>MIAMI, FL. 33169</i>

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph E. Gillis*

Joseph E. Gillis

*3/24/99*  
 Date

*305-816-4828*  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)