

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

## PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001965 (3)

1. Corporation Name

TELE-TECH COMPANY, INC. OF KENTUCKY

Principal Place of Business

Mailing Address

2628 WILHITE DRIVE  
LEXINGTON, KY 40503

2628 WILHITE DRIVE  
LEXINGTON, KY 40503

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 and address are not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MORRIS, PHILIP C.	
STREET ADDRESS	2628 WILHITE DRIVE	
CITY-STATE-ZIP	LEXINGTON, KY 40503	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURCH, ROBERT F.	
STREET ADDRESS	2628 WILHITE DRIVE	
CITY-STATE-ZIP	LEXINGTON, KY 40503	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FREES, RANDALL M.	
STREET ADDRESS	2628 WILHITE DRIVE	
CITY-STATE-ZIP	LEXINGTON, KY 40503	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SMITH, STEPHEN B.	
STREET ADDRESS	2628 WILHITE DRIVE	
CITY-STATE-ZIP	LEXINGTON, KY 40503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OAKE, ROBERT G.	
STREET ADDRESS	2435 N. CENTRAL EXPRESSWAY, STE. 900	
CITY-STATE-ZIP	RICHARDSON, TX 75080	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILWARD, GREG	
STREET ADDRESS	360 E. VINE ST., P.O. BOX 2030 N/A	
CITY-STATE-ZIP	LEXINGTON, KY 40507	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALLISON, JOHN	
1.3 STREET ADDRESS	441 SOUTHLAND DRIVE	
1.4 CITY-STATE-ZIP	LEXINGTON, KY 40503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

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