2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # F9300001965 1. Entity Name TELE-TECH COMPANY, INC. OF KENTUCKY 04-10-2001 90041 005 ***150.00 Mailing Address Principal Place of Business 2008 MERCER RD. 2008 MERCER RD. LEXINGTON KY 40511 **LEXINGTON KY 40511** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 61-0935720 Not Applicable Country Zip - - - - -Country ~Zip**- - - - - |** \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. T1 Change ☐ Addition ☐ Detete TITLE CP TITLE NAME MORRIS, PHILIP C NAME STREET ADDRESS STREET ADDRESS 2008 MERCER ROAD CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40511** ☐ Addition ☐ Delete TITLE TITLE NAME NAME LARENCE, FRANK 830 CRESCENT CENTRE DR., SUITE 600 STREET ADDRESS STREET ADDRESS 105 WESTPARK DRIVE CITY-ST-ZIP <u> FRANKLIN; TN~37067</u> CITY-ST-ZIP BRENTWOOD: NX 8702X ☐ Addition ☐ Change ☐ Delete vst TITLE TITLE NAME NAME FREES, RANDALL M STREET ADDRESS STREET ADORESS 2008 MERCER ROAD CITY-ST-ZIP CITY-ST-ZIP <u>Lexington ky 40511</u> ☐ Addition X Change ☐ Delete TITLE TITLE D NAME CAIN, DOUG 830 CRESCENT CENTRE DR., SUITE 600 STREET ADDRESS STREET ADDRESS NOS WESTPARK DRIVE: FRANKLIN, TN 37067 CITY-ST-ZIP CITY-ST-ZIP BREMWWOODX NX XXVXX ☐ Delete XX Addition TITLE ☐ Change TITLE CERASUOLO, JOHN NAME NAME 830 CRESCENT CENTRE, DR., SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FRANKLIN, TN 37067 ☐ Change XX Addition ☐ Delete TITLE VP TITLE NAME SMITH, STEPHEN B. NAME STREET ADDRESS 2008 MERCER ROAD

LEXINGTON, KY 40511 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP C. MORRIS

4/5/01

(859) 277-8000

Date

Daytime Phone #