SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000004672 (0)**

1. Corporation Name
APAC TELESERVICES, INC.

Principal Place of Business	Mailing Address
ONE PARKWAY NORTH CENTER DEERFIELD IL 60015	ONE PARKWAY NORTH CENTER DEERFIELD IL 60015

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt #, etc (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt #, etc (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 36-2777140 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, type or printed name of the registered agent and title, if applicable) (FILING Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, THEODORE G		12 NAME		
STREET ADDRESS	ONE PARKWAY NORTH CENTER, STE. 510		13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		14 CITY-ST-ZIP		
TITLE	DCFO	☐ DELETE	21 TITLE	D/CFO/S	☒ Change ☐ Addition
NAME	SIMON, MARC S		22 NAME		
STREET ADDRESS	ONE PARKWAY NORTH CENTER, STE. 510		23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE	SENIOR V	☒ Change ☐ Addition
NAME	MITCHUM, ROBERT D		32 NAME		
STREET ADDRESS	ONE PARKWAY NORTH CENTER, STE. 510		33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	COLLINS, THOMAS M		42 NAME		
STREET ADDRESS	ONE PARKWAY NORTH CENTER, STE. 510		43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SHECHTMAN, MORRIS R		52 NAME		
STREET ADDRESS	ONE PARKWAY NORTH CENTER, STE. 510		53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BERRYMAN, DONALD B		62 NAME		
STREET ADDRESS	425 SECOND ST., SE		63 STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS IA 52401		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marc S Simon — CHIEF FINANCIAL OFFICER & SECRETARY — 6-17-96 — 847-945-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #