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Secretary of State

02-01-1999 90028 043 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F95000004672

1. Corporation Name
APAC TELESERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**ONE PARKWAY NORTH CENTER
DEERFIELD IL 60015**

2a. Mailing Address

**ONE PARKWAY NORTH CENTER
DEERFIELD IL 60015**

22. City & State

24. Zip Country

27. City & State

29. Zip Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CCEO** ☐ DELETE
NAME **SCHWARTZ, THEODORE G**
STREET ADDRESS **ONE PARKWAY NORTH CENTER, STE. 510**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE **DCSI** ☐ DELETE
NAME **COLLINS, THOMAS M**
STREET ADDRESS **115 3RD ST., S.E., 500 FIRSTAR BANK BLDG.**
CITY-ST-ZIP **CEDAR RAPIDS IA 52406**

TITLE **DCSI** ☐ DELETE
NAME **SHECHTMAN, MORRIS R**
STREET ADDRESS **100 DEER RUN**
CITY-ST-ZIP **KALISPELL MT 59901**

TITLE **D** ☐ DELETE
NAME **DALTON, GEORGE D**
STREET ADDRESS **255 FISERV DRIVE**
CITY-ST-ZIP **BROOKFIELD WI 53045**

TITLE **D** ☐ DELETE
NAME **YOVOVICH, PAUL**
STREET ADDRESS **233 SOUTH WACKER DRIVE, SUITE 9700**
CITY-ST-ZIP **CHICAGO IL 60606-6502**

TITLE **CFO** ☐ DELETE
NAME **ABERNATHY, JOHN**
STREET ADDRESS **ONE PARKWAY NORTH CENTER**
CITY-ST-ZIP **DEERFIELD IL 60015**

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98
Date

(847) 374-1930
Daytime Phone

CR2E034 (11/98)