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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F96000003215**

1. Corporation Name
SITEL FINANCIAL INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
5601 N 103RD ST OMAHA NE 68134	7277 WORLD COMMUNICATION DR OMAHA NE 68122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/25/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 47-0791671 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MAJOR, BARRY S		1.2 NAME	Phillip A. Clough	
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		1.3 STREET ADDRESS	7277 World Communications Dr.	
CITY-ST-ZIP	OMAHA NE 68122		1.4 CITY-ST-ZIP	Omaha NE 68122	
TITLE	VP Clough	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~CLAIGH~~, PHILLIP A		2.2 NAME		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68122		2. 4 CITY-ST-ZIP		
TITLE	S Siemek	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIEMER, ALAN G		3.2 NAME		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68122		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIEMEK, ALAN G		4. 2 NAME		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68122		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	MAY, MICHAEL P		5.2 NAME	W. Gar Richlin	
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		5.3 STREET ADDRESS	7277 World Communications Dr.	
CITY-ST-ZIP	OMAHA NE 68122		5.4 CITY-ST-ZIP	Omaha NE 68122	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLOUGH, PHILLIP A		6.2 NAME		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68122		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 2-12-99 402-963-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #