

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001454 (4)
1. Corporation Name
TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER
SUPPORT), INC.



Principal Place of Business 1700 LINCOLN ST., #1400 DENVER CO 80203-4514	Mailing Address 1700 LINCOLN ST., #1400 DENVER CO 80203-4514
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 U.S. Hwy 301 S Suite, Apt. #, etc. 22 City & State TAMPA FL 23 Zip 33619 Country USA		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 SAME AS ABOVE City & State SAME AS ABOVE 28 Zip SAME Country DENVER		3. Date Incorporated or Qualified 03/20/1997	
		4. FEI Number 84-1380158		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURDO, TED	1.2 NAME	
STREET ADDRESS	1700 LINCOLN ST., #1400	1.3 STREET ADDRESS	5449 S. IDALIA WAY
CITY-ST-ZIP	DENVER CO 80203-4514	1.4 CITY-ST-ZIP	AURORA, CO 80015
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLUSARCHUK, CHERYL	2.2 NAME	JIMMY D HOLLAND
STREET ADDRESS	1700 LINCOLN ST., #1400	2.3 STREET ADDRESS	5425 E. DAKOTA AVE
CITY-ST-ZIP	DENVER CO 80203-4514	2.4 CITY-ST-ZIP	DENVER, CO 80246
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN, KENNETH D	3.2 NAME	
STREET ADDRESS	1700 LINCOLN ST., #1400	3.3 STREET ADDRESS	4375 S. LAFAYETTE ST
CITY-ST-ZIP	DENVER CO 80203-4514	3.4 CITY-ST-ZIP	LAKEWOOD, CO 80110
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JOSEPH D	4.2 NAME	
STREET ADDRESS	1700 LINCOLN ST., #1400	4.3 STREET ADDRESS	400-415 STEELE
CITY-ST-ZIP	DENVER CO 80203-4514	4.4 CITY-ST-ZIP	DENVER, CO 80209
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS BETTY AASOLT
STREET ADDRESS		5.3 STREET ADDRESS	16127 E. BETHANY PL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	AURORA, CO 80013
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 furnished 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 Section 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

8-2-98

CR2E034 (10/97)