2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700001454 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER 08-02-2000 90155 042 ***550.00 Principal Place of Business Mailing Address 111 US HWY 301 S 1700 LINCOLN ST., #1400 TAMPA FL 33619 DENVER CO 80203-4514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1380158 Not Applicable Zip Country \$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 <u>Name</u> CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State マイじゅうは・ ウに ドゲ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PURL 法提出的规 Delete PRESIDENT Change Addition TITLE TITLE MICHAEL E FUSS NAME MCMURDO, TED NAME 1700 LINCULN ST #1400 STREET ADDRESS 5449 S IDALIA WY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AURORA CO 80015 DENVER CO 80203 SECRETARYIDIRECTOR addition ☑ Delete Change TITLE JAMES B. KAUFMAN HOLLAND, JIMMY D NAME NAME 1700 LINCOLN ST #1400 STREET ADDRESS 5425 E DAKOTA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER DENVER CO 80246 00 80203 Delete TREASURER IDIRECTOR TUCHMAN: KENNETH D-NORMAN -- A BLOME . - . NAME NAME - -1700 LINCOLN ST STREET ADDRESS STREET ADDRESS 4375 S LAFAYETTE ST CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80203 LAKEWOOD CO 80110 ASSISTANT SECRETARY Delete Addition TITLE TITLE ☐ Change LIVINGSTON, JOSEPH D JILL GILPIN NAME NAME 5T #1400 1700 WINCOLN STREET ADDRESS STREET ADDRESS 1700 LINCOLN ST., #1400 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80203-4514 DENUER . CO 50203 ☐ Delete ☐ Change ☐ Addition TITI F DITE SOLT, BETTY A NAME NAME STREET ADDRESS STREET ADDRESS 16127 E BETHANY PC CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80013 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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720-947-6308

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Daytime Phone #

CR2E034 (5/00)