

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 002 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001454			
1. Entity Name			
TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER SUPPORT), INC.			
Principal Place of Business		Mailing Address	
111 US HWY 301 S TAMPA, FL 33619 U.S.A.		C/O TAX DEPARTMENT 9197 S. PEORIA ST. ENGLEWOOD, CO 80203 U.S.A.	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
84-1380158		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL 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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL FOSS	NAME	KENNETH TUCHMAN
STREET ADDRESS	9197 S. PEORIA ST.	STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP	ENGLEWOOD, CO 80112	CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES B. KAUFMAN	NAME	CHRISTOPHER BATSON
STREET ADDRESS	9197 S. PEORIA ST.	STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP	ENGLEWOOD, CO 80112	CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Delete	TITLE	CFO/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN A. BLOME	NAME	MARGOT O'DELL
STREET ADDRESS	9197 S. PEORIA ST.	STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP	ENGLEWOOD, CO 80112	CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Delete	TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL GILPIN	NAME	MICHAEL FOSS
STREET ADDRESS	9197 S. PEORIA ST.	STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP	ENGLEWOOD, CO 80112	CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CHRISTY O'CONNOR
STREET ADDRESS		STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP		CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	<input type="checkbox"/> Delete	TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SEAN ERICKSON
STREET ADDRESS		STREET ADDRESS	9197 S. PEORIA ST.
CITY - ST - ZIP		CITY - ST - ZIP	ENGLEWOOD, CO 80112
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: <i>James B. Kaufman</i>		JAMES B. KAUFMAN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		6/28/01 303-397-8201	
		Daytime Phone #	

6/14/01

CORPORATE DETAIL RECORD SCREEN

9:26 AM

NUM: F97000001454 ST:DE ACTIVE/FOREIGN PROF FLD: 03/20/1997

FEI#: 84-1380158

NAME : TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER SUPPORT), INC.

PRINCIPAL: 111 US HWY 301 S

CHANGED: 03/10/98

ADDRESS TAMPA, FL 33619 US

MAILING : 1700 LINCOLN ST., #1400

ADDRESS DENVER, CO 80203-4514

RA NAME : CORPORATION SERVICE COMPANY

RA ADDR : 1201 HAYS STREET

TALLAHASSEE, FL 32301-2525 US

ANN REP : (1998) BY 03/10/98 (1999) A 04/15/99 (2000) A 08/02/00

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: