

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90116 018 ***150.00

0613676 AT

DOCUMENT # F97000001454

1. Entity Name

TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER SUPPORT), INC.

Principal Place of Business

111 US HWY 301 S
TAMPA FL 33619
US

Mailing Address

% TAX DEPARTMENT
9197 S PEORIA STREET
ENGLEWOOD CO 80203

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

84-1380158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TUCHMAN, KENNETH**
CITY-ST-ZIP **9197 S PEORIA STREET**
ENGLEWOOD CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KAUFMAN, JAMES B**
CITY-ST-ZIP **1700 LINCOLN ST #1400**
DENVER CO 80203

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9197 S. Peoria Street**
CITY-ST-ZIP **Englewood, CO 80112**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BATSON, CHRISTOPHER**
CITY-ST-ZIP **9197 S PEORIA STREET**
ENGLEWOOD CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **O'DELL, MARGOT**
CITY-ST-ZIP **9197 S PEORIA STREET**
ENGLEWOOD CO 80112

TITLE ☒ Change ☐ Addition
NAME **CFO/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **EVP**
STREET ADDRESS **FOSS, MICHAEL**
CITY-ST-ZIP **9197 S PEORIA STREET**
ENGLEWOOD CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **O'CONNOR, CRISTY**
CITY-ST-ZIP **9197 S PEORIA STREET**
ENGLEWOOD CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/01 (33) 397-8100

CP2E034 (9/01)