Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number _: (850)205-0360

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

TELETECH FACILITIES MANAGEMENT (PARCEL CUSTOMER SUPP

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delawate	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation : Teletech Facilities Management (Parcel Customer Support), Inc.	_
2. The mailing address of the corporation: 9197 So. Peoris Street, Englewood, CO 80203	-
3. Date of incorporation/qualification: 3/20/1997 Document number: F97000001454	_
4. The name and address of the current registered agent and office:	_
Corporation Service Company	3
1201 Hays Street	1
Tallahassee, FL 32301-2525	١,
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	~
C T Corporation System	
n/o C T Corporation System, 1200 South Pine Island Road,	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
(Signature of an officer, chairman or vice chairman of the board) (Date) (Date)	
ASSISTANT SECRETTIRY (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
CT Corporation System By: Aredi M. Check	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Hiedi M. Licach (Typed or Printed Name) (Capacity)	
(-dpws-cj)	
* * * FILING FEE: \$35.00 * * *	
THEO45(9/00) DIVISION OF CORPORATIONS P.O. BOX 6327 THEOATERES BY 30214	