

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90407 022 ***150.00

DOCUMENT # F98000004234

1. Entity Name
ONESOURCE CUSTOMER CARE CENTER, INC.



Principal Place of Business
**1600 PARKWOOD CIR
#400
ATLANTA, GA 30339**

Mailing Address
**1600 PARKWOOD CIRCLE
SUITE 400 ATTN: CORPORATE TAX
ATLANTA, GA 30339**

94079821



01052004 Chg-P CR2E034 (10/03)

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
65-0852375

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GAZE, PETER**
STREET ADDRESS **7700 CONGRESS AVE, STE. 3214**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VSD** ☒ Delete
NAME **LEVINE, STEVEN J**
STREET ADDRESS **7700 CONGRESS AVE, STE. 3214**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **T** ☒ Delete
NAME **OLBERT, ANN**
STREET ADDRESS **7700 CONGRESS AVE, STE. 3214**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **AT** ☐ Delete
NAME **BLUESTEIN, PATRICIA**
STREET ADDRESS **1600 PARKWOOD CIRCLE #400**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE **AS** ☒ Delete
NAME **GEBHARD, ROGER**
STREET ADDRESS **7700 CONGRESS AVE, STE. 3214**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **AS** ☐ Delete
NAME **FRIEDLANDER, SCOTT**
STREET ADDRESS **1600 PARKWOOD CIRCLE #400**
CITY-ST-ZIP **ATLANTA, GA 30339**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☒ Addition
NAME **CHERYL C. JONES**
STREET ADDRESS **1600 PARKWOOD CIRCLE STE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **DV** ☐ Change ☒ Addition
NAME **MICHAEL S. BINDEMAN**
STREET ADDRESS **1600 PARKWOOD CIRCLE STE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **AS** ☐ Change ☒ Addition
NAME **JACK L. McNEESE**
STREET ADDRESS **1600 PARKWOOD CIRCLE STE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **TAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **WILLIAM E. MOORE**
STREET ADDRESS **1600 PARKWOOD CIRCLE STE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **DVS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack L. McNeese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

770 308 0815
Daytime Phone #