

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 019 ***150.00

0400228 AV

DOCUMENT # F98000004234

1. Entity Name
ONESOURCE CUSTOMER CARE CENTER, INC.



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

Mailing Address
**4800 N FEDERAL WAY
STE 200B
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400 Corporate Tax

City & State

City & State

Atlanta, Georgia

Zip

Country

Zip

Country

30339

U.S.

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GAZE, PETER**
CITY-ST-ZIP **4800 N FEDERAL HWY #2008
BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **LEVINE, STEVEN J**
CITY-ST-ZIP **4800 N FEDERAL HWY
BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **OLBERT, ANN**
CITY-ST-ZIP **4800 N FEDERAL HWY
BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Bluestein, Patricia G**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **GEBHARD, ROGER**
CITY-ST-ZIP **4800 N FEDERAL HWY #2008
BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

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

TITLE ☐ 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: **Patricia Gibbs Bluestein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Gibbs Bluestein
Assistant Treasurer

4/21/03
Date

(470) 436-9900
Daytime Phone #

CR2E034 (10/02)

attachment

80111132
F98000004234

**OneSource Customer Care Center, Inc.
Officer Attachment**

President	Vacant
Senior Vice President & Chief Financial Officer	Michael J. Geisler
Executive Vice President	Cheryl C. Jones
Vice President and Secretary	Steven J. Levine
Treasurer	Ann M. Olbert
Assistant Treasurer & Asst. Secretary	Patricia L. Bluestein
Assistant Secretary	Scott E. Friedlander
Assistant Secretary	Roger E. Gebhard
Assistant Secretary	Eli D. Schoenfield

Address for all of the above:
1600 Parkwood Circle, Suite 400
Atlanta, GA 30339

Vice President and Secretary	Steven J. Levine
Treasurer	Ann M. Olbert
Assistant Secretary	Roger E. Gebhard
Assistant Secretary	Eli D. Schoenfield

Address for all of the above:
Carlisle Management Services, Inc.
7700 Congress Avenue, Suite 3214
Boca Raton, FL 33487