

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001200

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** TELETECH CUSTOMER CARE MANAGEMENT (COLORADO), LLC

**Current Principal Place of Business:**

9197 S. PEORIA STREET  
ENGLEWOOD, CO 80112

**New Principal Place of Business:**

**Current Mailing Address:**

9197 S. PEORIA STREET  
ENGLEWOOD, CO 80112

**New Mailing Address:**

**FEI Number:** 84-1218090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TELETECH SERVICES CO, RPORATION  
Address: 9197 S. PEORIA STREET  
City-St-Zip: ENGLEWOOD, CO 80112

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. DAVID HERSHBERGER (ON BEHALF OF MEMBER)

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01/21/2009

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date