

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 047 ***550.00

DOCUMENT # P00544

1. Corporation Name
TELESPECTRUM, INC.

Principal Place of Business
8725 HIGGINS ROAD
CHICAGO IL 60631-2702

Mailing Address
8725 HIGGINS ROAD
CHICAGO IL 60631-2702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1984

4. FEI Number
48-0956281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 One Allied Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 One Allied Drive
Suite, Apt. #, etc.

23 City & State
Little Rock, AR

28 City & State
Little Rock, AR

24 Zip 72202 25 Country USA

29 Zip 72202 30 Country USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCEO	DENNIS E. FOSTER	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
SVAS	BURGE, GARY L.	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
VP	WERNER, GREGG S	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
SVPS	GALLAGHER, KEVIN C.	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
EVCF	SMALL, MICHAEL	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
VPT	CHEYAYL, PETER	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Dennis Foster	One Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
Vice President	Kevin Beebe	One Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
Senior Vice President - Finance	Jeffery Gardner	One Allied Drive	Little Rock, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
Director	Francis Frantz	One Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29, 1999

CR2E034 (11/98)