

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00544**1. Entity Name  
TELESPECTRUM, INC.

Principal Place of Business ONE ALLIED DR  LITTLE ROCK AR 72202 US	Mailing Address ONE ALLIED DR  LITTLE ROCK AR 72202 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**48-0956281**

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RDPLANTATION  
33324 US

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**04/18/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTZ FRANICS	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ FRANICS	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	SVPF	<input type="checkbox"/> Delete
NAME	GARDNER JEFFERY	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER JEFFERY	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BEEBE KEVIN	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE KEVIN	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	P	<input type="checkbox"/> Delete
NAME	DENNIS E. FOSTER	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD SCOTT T	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jeffery R. Gardner

CFO

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)