

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90050 026 ***150.00

DOCUMENT # P17240

1. Entity Name

CONVERGYS INFORMATION MANAGEMENT GROUP INC.

Principal Place of Business

Mailing Address

600 VINE ST
PO BOX 2301
CINCINNATI OH 45202
US201 E. FOURTH STREET
RM 102-1960
CINCINNATI OH 45202-4122
US

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 **31-1069790**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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** ☐ Delete
NAME **ORR, JAMES F**
STREET ADDRESS **5762 CHESTNUT RIDGE**
CITY-ST-ZIP **CINCINNATI OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VCD** ☒ Delete
NAME **DAHMS, JAMES M**
STREET ADDRESS **11958 DERBYDAY CT**
CITY-ST-ZIP **CINCINNATI OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **MARINO, ROBERT J**
STREET ADDRESS **8554 ST IVES PL**
CITY-ST-ZIP **CINCINNATI OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **HEGGLAND, ROY T.**
STREET ADDRESS **9863 PONDSIDE COURT**
CITY-ST-ZIP **CINCINNATI OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Jeffrey P. Poland**
CITY-ST-ZIP **600 Vine Street**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Assistant Treasurer**
STREET ADDRESS **Mark J. Gartner**
CITY-ST-ZIP **201 E. Fourth Street, Room 102-1960**

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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/99)