	OT OTHE OTHER	INESS REPU	KI (OR	K)	May 27,	2002 8:	uu ar
DGSUMENT # P 19839					Secretary of State		
1. Entity N	lame	्राची है। ते ते विकास कर्म । ते विकास कर्म कर्म । कुल्कार क्षेत्र कर्म कर्म । ते विकास कर्म कर्म ।	/	\		90427 017 ***15	
1 0,	15th of 1 0						
	wiomer Hist Se	11/102 3 D	upport	Jac	•		
Principal P	lace of Business	Mailing Address	11-	<del>1 4-1</del> (			
2000	Bryn Mawr	8600 Bryn M	laur		•		
	Floor	8th Floor					
	ago, IL 60631	Chicago, IL	60631				
2. Principa	l Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			-	
Suite, A	pt. #, etc.	3404 N. Du Suite, Apt. #, etc.	<u>ne Stree</u>	<u> </u>			
	12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	attn: Tax	Deot	ح ا	DO NOT WRITE	IN THIS SPACE	
City & Si	ale There's	City & State	10	4.	FEI Number		Applied For
Zip	Country Country	Durham, 1	Country		36-35801		Not Applicable
	-6 Name and A	27704	<u>-45 /</u>	5.	Certificate of Status Desired	See Requir	
1	CORPORATION SYSTEM	egistered Agent	Name		Name and Address of New Re	gistered Agent	
1 ' .	S PINE ISLAND RD.		,	••	<u> </u>		
PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	255a 1			.*			
		• .	City			FL Zip Coo	de
8. The abov	re named entity submits this statement for	the purpose of changing its re	gistered office or	registered a	gent, or both, in the State of Floring		
				Ü	gent of Death, at the older of those		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: E	legistered Agent signatu	ica coa itaa			
9. This con	poration is eligible to satisfy its Intangible	SECTION CONTRACTOR OF THE CONT	Electric Service Melassements of	Carrier San Property and Carrier	reinstating)	DATE	
Tax filing	requirement and elects to do so.	After MAY 1: 2001	FEE IS \$150.0	50.00	10. Election Campaign Finan	***	0 Мау Ве
11.	eria on back)	Make Check Payable	to Department	of State	Trust Fund Contribution.		d to Fees
TITLE	OFFICERS AND D	RECTORS Delete	12.	Al	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
NAME	Troube Dolgres 15.	- — , Detete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP	243-210-2- Street		STREET ADDRESS				
TITLE	Nochester NY 1465	O Defete	CITY-ST-ZIP	<del></del>			
NAME	Kasiske, Steven D.	La Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	343 State St.		STREET ADDRESS				
TITLE ~	343 State St. Roches	ter NY 141650	CITY-ST-ZIP	<del></del>			
NAME	Love, William G.	Defete - 1 = -	TITLE - NAME	<b></b>	· · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS: CITY-ST-ZIP	243 State Street		STREET ADDRESS				
TITLE	Rochester, NY 1465	☐ Delete	CITY-ST-ZIP	<del>-</del>		. ,	
NAME STREET ADDRESS	Hagg, Joyce P.	∴ Delete	TITLE NAME		• .	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	343 Stote Street		STREET ADDRESS		•		
TITLE	Rochester, NY 14650	Delete	CITY-ST-ZIP TITLE			<del></del>	
NAME .	Hickey, Laurence L.	LI OCIER	NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP	343 State Street		STREET ADDRESS				
TIFLE	Kochester, NY 14650	☐ Delete	CITY-ST-ZIP	·			
NAME	Evans, Martin H.	LJ Delete	NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	343 State Street		STREET ADDRESS		•	_	`
sir-ed	Kochester, NY 14650		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 the chapter 607.

SIGNATURE:

State + Local HOAloa

Attach Neut \$19839 670631

Officers and Directors List for: CustomerFirst service & support, Inc.

Director:

Joyce P. Haag

Officers:

Dolores K. Traxler, President

Martin H. Evans, Vice President

Steven D. Kasiske, Vice President of Finance

Joyce P. Haag, Secretary

William G. Love, Treasurer

Laurence L. Hickey, Assistant Secretary

ALL OF THESE OFFICERS ARE LOCATED AT THE FOLLOWING ADDRESS: 343 STATE STREET ROCHESTER, NY 14650