02/11/97 TUE 07:27 FAX 1 216 524 8777 HOBE&LUCAS 002

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086634 (9)

1. Corporation Name
SITEL, INC.

Principal Place of Business	Mailing Address
2301 PARK AVENUE SUITE 402 ORANGE PARK FL 32073	2301 PARK AVENUE SUITE 402 ORANGE PARK FL 32073-5568

3. Date Incorporated or Qualified: 11/08/1995
3a. Date of Last Report: 05/29/1996
4. FEI Number: 59-3346473 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent
DUVAL, STEPHEN J
2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, THOMAS J		1.2 NAME	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEBHOWSKI, GREGORY		2.2 NAME	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALI, GIUSSEPPE		3.2 NAME	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		3.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	4.1 TITLE ST	☒ Change ☐ Addition
NAME	BRANCH, LAURA		4.2 NAME HOLMOK, WAYNE C.	
STREET ADDRESS	2301 PARK AVENUE, SUITE 402		4.3 STREET ADDRESS 2301 PARK AVENUE, SUITE 402	
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

3.7.97

800002107978
-03/10/97--01007--048
***165.00

CR2E034 (9/96)

14. I do 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.

SIGNATURE: WAYNE C. HOLMOK 2/20/97 216 251-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #