

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019270

FILED
Jan 23, 2006
Secretary of State

Entity Name: SYKES ENTERPRISES, INCORPORATED

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE
SUITE 2800
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH ASHLEY DRIVE
SUITE 2800
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 56-1383460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SYKES, CHARLES E
Address: 400 NORTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602 US

Title: SVP () Delete
Name: KIPPHUT, W MICHAEL
Address: 400 NORTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: HELMS, H PARKS
Address: 301 S TRYON STREET SUITE 1500
City-St-Zip: CHARLOTTE, NC 28202

Title: D () Delete
Name: MEURER, WILLIAM J
Address: 400 NORTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: WHITING, PAUL L
Address: 400 N. ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: HOLDER, JAMES T
Address: 400 N. ASHLEY
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. HOLDER

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01/23/2006

Electronic Signature of Signing Officer or Director

_____ Date