

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
97 JUL 21 PM 2: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J38644**  
1. Corporation Name  
**Teleservices International Group Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 100 2ND Avenue South 26 100 2ND Avenue South  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 1000 27 Suite 1000  
City & State City & State

23 St. Petersburg, FL 28 St. Petersburg, FL  
Zip Country Zip Country

24 33701 25 USA 29 33701 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report

10-1-86 First

4. FEI Number Applied For  
59-2773602 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

9. Name and Address of Current Registered Agent

Robert C. Hackney  
100 2ND Avenue South  
Suite 1000  
St. Petersburg, FL 33701

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 \_\_\_\_\_ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when registering) \*\*\*\*\*8.75 \*\*\*\*\*8.75

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CD
13 STREET ADDRESS	Robert P. Gordon
14 CITY- ST- ZIP	234 21st Avenue NE St. Petersburg, FL 33701
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D
23 STREET ADDRESS	Stephen McLean
24 CITY- ST- ZIP	5633 La Puerta Del Sol, #107 St. Petersburg, FL 33701
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	200002244592--6
33 STREET ADDRESS	-07/22/97--01145--002
34 CITY- ST- ZIP	*****550.00 *****550.00
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	STD
43 STREET ADDRESS	Paul W. Henry
44 CITY- ST- ZIP	56 Lawrence Rd. Chestnut Hill, MA 02167
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	P
53 STREET ADDRESS	Raymond P. Wilson
54 CITY- ST- ZIP	10 Gelding Rd. Chelmsford, MA
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VP
63 STREET ADDRESS	Samuel C. Jacobs
64 CITY- ST- ZIP	1868 East 26th Street Brooklyn, NY 11229

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(a) 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 of changes or additions in attachment with an address

SIGNATURE: *Stephen McLean* STEPHEN MCLEAN 7/18/97 813-895-4410

CR2E034 (9/96)