

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 021 \*\*\*150.00

00203690 AT

DOCUMENT # **853670**

1. Entity Name  
**TRANSCALL AMERICA, INC.**



Principal Place of Business  
~~500 CLINTON CENTER DR~~  
~~CLINTON MS 39056~~  
US

Mailing Address  
1133 19TH ST NW  
WASHINGTON DC 20036  
US

11050063



2. Principal Place of Business  
**22001 LOUDOUN COUNTY PKWY**

3. Mailing Address  
Suite, Apt. #, etc.  
**DEPT. 8408**

CHECK HERE IF MAKING CHANGES

City & State  
**ASHBURN VA**

City & State  
City & State

Zip  
**20147**

Country  
**US**

Zip  
Zip

Country  
Country

4. FEI Number **58-1472775**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED</b> <b>EBBERS, BERNARD J</b> <b>500 CLINTON CENTER DR</b> <b>CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STCF</b> <b>SULLIVAN, SCOTT D</b> <b>500 CLINTON CENTER DR</b> <b>CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPGC</b> <b>NAGEL, WALTER</b> <b>1133 19TH STREET NW</b> <b>WASHINGTON DC 20036</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATTACHED</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICERS LIST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Michael J. Salisbury **MICHAEL SALSBURY** **4/30/03** **(202) 736-6362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 853670  
11033829

**OFFICERS LIST**

**TRANSCALL AMERICA, INC.**

**President & CEO**  
Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Vice President & Treasurer**  
Susan Mayer  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Secretary**  
Michael Salsbury  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**DIRECTOR**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147