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FILED

**Feb 18 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 # F93000002413 (3)

1. Corporation Name
DIAL CALL, INC.



Principal Place of Business
**6573 THE CORNERS PARKWAY ST., N.E.
NORCROSS GA 30092**

Mailing Address
**1505 FARM CREDIT DR.
SUITE 100
MCLEAN VA 22102-5003**

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report **12/26/1996**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number **58-2038468** Applied For Not Applicable

Suite, Apt #, etc
22

Suite, Apt #, etc.
27

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

City & State
23

City & State
28

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

Zip Country
24 25

Zip Country
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERSON, DANIEL F	1.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, TIMOTHY	2.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, MORGAN E	3.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDMAN, THOMAS J	4.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	4.4 CITY - ST - ZIP	
TITLE	VCTO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, BARRY	5.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	5.4 CITY - ST - ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDLER, STEVEN M	6.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA 22102	6.4 CITY - ST - ZIP	

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 9 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **RENE A. JULIANO, VP-TREASURER** 2/12/97 (703) 394-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012007

CR2E034 (9/96)