

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
4. FEI Number 58-2038468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0012007

CR2E034 (9/96)