

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:57

DOCUMENT # **P39505** (3)

1. Corporation Name
TELEDIAL AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2855 OAK INDUSTRIAL DR.
GRAND RAPIDS MI 49506-1277
US** **2855 OAK INDUSTRIAL DR.
GRAND RAPIDS MI 49506-1277
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **07/01/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **38-2689894** Applied For
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**
7. This corporation has liability for intangible tax under § 199 C.S.F. Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 in printed name of registered agent and filed in this office)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	VANDER POL, RONALD H.
STREET ADDRESS	2855 OAK INDUSTRIAL DR., NE
CITY, ST, ZIP	GRAND RAPIDS MI
TITLE	P
NAME	VOELKER, JAMES F.
STREET ADDRESS	2855 OAK INDUSTRIAL DR.
CITY, ST, ZIP	GRAND RAPIDS MI
TITLE	VT
NAME	VANDENBOSCH, KURY
STREET ADDRESS	2855 OAK INDUSTRIAL DR.
CITY, ST, ZIP	GRAND RAPIDS MI
TITLE	D
NAME	CALHOUN, PAUL
STREET ADDRESS	1533 RIVER ROAD
CITY, ST, ZIP	MODESTA CA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Randall G. Veltkamp
2.4 CITY, ST, ZIP	2855 OAK INDUSTRIAL DR NE Grand Rapids MI 49506-1272
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Executive Vice President/Treasurer
3.3 STREET ADDRESS	3000 Latchie
3.4 CITY, ST, ZIP	2855 OAK INDUSTRIAL DR NE Grand Rapids MI 49506-1272
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Delete
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 if changed, or on an attachment with an address.

SIGNATURE: *Adriane K. Land* **ADRIANE K. LAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (616) 454-9225
DATE TIME