## 853670

(I	Requestor's Name)	
(/	Address)	
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(1	City/State/Zip/Phon	e #)
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TALL MINSSEE TO LOW.

William.

C. Coullistic MAY 2 6 2004

## TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: TRANSCALL AMERICA, IN	IC.
(1)	lame of corporation)
DOCUMENT NUMBER: &	953670
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence concermatter to the following:	rning this
DOROTHY SLYE	
	(Name of Person)
MCI, INC.	
	(Firm/Company)
1133 19TH STREET NE	
	(Address)
WASHINGTON DC,	
	(City/State and Zip code)
For further information concerning this	matter, please call:
DOROTHY SLYE	at ( 202 ) 736-6272
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporation	MAILING ADDRESS: Amendment Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

TRANSCALL AMERICA, INC.

(Name of Corporation)		
853670		
(Document Number of Corporation	(if known)	
GEORGIA (Incorporated Under Laws of	of)	
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process	affairs in Florida.  Florida to accept service on its beha	alf an
time it was authorized to transact business or conduct affairs in Flor		J
The following is a current mailing address for the corporation:	O4 MAY 21 SECRETAL TALLAHAS	
1133 19TH STREET NW (Mailing Address)	2 2	FH_ED
WASHINGTON DC, 20036	PH 3: 48	T D
(City/ State /Zip)	\$\frac{1}{2} \frac{1}{2} \frac	
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ere of any change in its mailing address	š. ——
DOUGLAS A. RICHARDS	VP & GEN TAX COUNSEL	
(Typed or printed name of person signing)	(Title of person signing)	

**FILING FEE \$35**