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ACCOUNT NO.	<i>=</i> 072100000032	
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CHANGE OF AG	ENT	~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3	REFERENCE AUTHORIZATION COST LIMIT August 26, 2003 1:23 PM 211059-250 4322237 Dorothy Slye rldcom, Inc. 33 19th St. N.w. shington, DC 2003	COST LIMIT : \$ 35.00 August 26, 2003 = 1:23 PM = 211059-250 = 4322237 = 1.00000000000000000000000000000000000

NAME: TRANSCALL AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508	3, Florida Statutes,
this statement	of change is submitted for a corpora	ation_organized under the laws of t	he State of
Georgia	in order to change its regis	stered office or registered agent, o	r both, in the State
of Florida.			
1. The name o	f the corporation: TRANSCALL AMERIC	CA, INC.	
2. The principa	al office address: 22001 Loudoun Co	unty Parkway, Ashburn, VA 2014	7
	the second secon		· · · · · · · · · · · · · · · · · · ·
3. The mailing	address (if different): 1133 19th St	rest N.W., Dept. 8408, Washin	gton, DC 20036
, _	<u> </u>		
4. Date of inco	orporation/qualification: August 05,	Document number: 85	3670
	nd street address of the current regist artment of State:	tered agent and registered office on	i file with the
riorxas Bop	NRAI Services, Inc.	==	2003 AUG 26 TALLAHASSI
	526 East Park Avenue		6 26 B 26 WASSI
	Tallahassee, FL 32301		_ me 2
6. The name a changed):	and street address of the new registre	tered agent (if changed) and /or re	egistered office (if
	Corporation Service Company		
	1201 Hays Street. (P.O. Box or personal r	mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addragent, as chang	ress of its registered office and the sged will be identical.	street address of the business offic	e of its registered
Such change wanthorized by	vas authorized by resolution duly active boatd, or the corporation has be		
(Signature of an office	er, chairman or vice chairman of the board)	Douglas A. Richards, Vice Pr (Printed or typed name and title)	esident
I further agree performance o registered age office address,	t the appointment as registered age to comply with the provisions of all my duties, and I am familiar with nt. Or, if this document is being fill I hereby confirm that the corporate Signature of Registered Agent)	ll statutes relative to the proper ar and accept the obligation of my p ed merely to reflect a change in th	nd complete osition as se registered
If signing on beha	ılf of an entity:		
Jacqueline M.	Giles	AsstVice President	<u> </u>
((Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *

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