

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 APR 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002139 (4)**
1. Corporation Name
DIAL CALL, INC.

Principal Place of Business Mailing Address
P.O. DRAWER 10262 6575 The Corners Pkwy GREENVILLE SC 29609
P.O. DRAWER 10262 6575 The Corners Pkwy GREENVILLE SC 29609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6575 The Corners Pkwy		26 6575 The Corners Pkwy		04/26/1993	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Norcross, GA		28 Norcross, GA		57-0072050-58-2120476	Not Applicable
24 30092	25 USA	29 30092	30 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 or printed name of registered agent and filer (Applicable) (FCIT) Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULTMAN, JEFFREY R	1.2 NAME	
STREET ADDRESS	301 COLLEGE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC 29601	1.4 CITY - ST - ZIP	
TITLE	VPBD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEKAY, WILLIAM D	2.2 NAME	E. Lee Kaywork
STREET ADDRESS	301 COLLEGE STREET	2.3 STREET ADDRESS	6575 The Corners Parkway
CITY - ST - ZIP	GREENVILLE SC 29601	2.4 CITY - ST - ZIP	Norcross, GA 30092
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, MARY E	3.2 NAME	
STREET ADDRESS	301 COLLEGE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC 29601	3.4 CITY - ST - ZIP	
TITLE	TVPF	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINA, THOMAS A	4.2 NAME	
STREET ADDRESS	301 COLLEGE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC 29601	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOHN I III	5.2 NAME	
STREET ADDRESS	6 WEST DRUID HILLS DR., STE 700	5.3 STREET ADDRESS	6575 The Corners Parkway
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	Norcross, GA 30092
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGANSON, SCOTT E	6.2 NAME	Regional President (P)
STREET ADDRESS	6 WEST DRUID HILLS DR., STE 700	6.3 STREET ADDRESS	6575 The Corners Parkway
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	Norcross, GA 30092

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; that 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 the statement with an address.

SIGNATURE:  John I. Hill V.P. Finance 8/25/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Issue)