

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002139 (4)**

1. Corporation Name  
**DIAL CALL, INC.**



Principal Place of Business <b>6575 THE CORNERS PKWY SUITE 100 NORCROSS GA 30092 US</b>		Mailing Address <b>6575 THE CORNERS PKWY SUITE 100 NORCROSS GA 30092 US</b>		3. Date incorporated or Qualified <b>04/26/1993</b>	3a. Date of Last Report <b>04/19/1995</b>
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2. Principal Place of Business 21 <b>201 ROUTE 17 NORTH</b>	2b. Mailing Address 26 <b>201 ROUTE 17 NORTH</b>	4. FEI Number <b>59-2120676</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>12 FL</b>	Suite, Apt. #, etc. 27 <b>12 FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>RUTHERFORD, NJ</b>	City & State 28 <b>RUTHERFORD</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>07070</b>	Country 25 <b>BERGEN</b>	Zip 29 <b>07070</b>	Country 30 <b>BERGEN</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HULTMAN, JEFFREY R</b>	1.2 NAME	<b>V.P. THOMAS D. HILKEY</b>
STREET ADDRESS	<b>301 COLLEGE STREET</b>	1.3 STREET ADDRESS	<b>201 ROUTE 17 N RUTHERFORD</b>
CITY-ST-ZIP	<b>GREENVILLE SC 29601</b>	1.4 CITY-ST-ZIP	<b>RUTHERFORD N.J. 07070</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAYWORK, E. LEE</b>	2.2 NAME	<b>ASSY V.P. JOHN WILKINSON</b>
STREET ADDRESS	<b>6575 THE CORNERS PKWY</b>	2.3 STREET ADDRESS	<b>201 ROUTE 17 N</b>
CITY-ST-ZIP	<b>NORCROSS GA</b>	2.4 CITY-ST-ZIP	<b>RUTHERFORD N.J. 07070</b>
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEBER, MARY E</b>	3.2 NAME	<b>VICE CHAIRMAN OF PARENT CO. BRIAN McAWLEY</b>
STREET ADDRESS	<b>301 COLLEGE STREET</b>	3.3 STREET ADDRESS	<b>201 ROUTE 17 N</b>
CITY-ST-ZIP	<b>GREENVILLE SC 29601</b>	3.4 CITY-ST-ZIP	<b>RUTHERFORD N.J. 07070</b>
TITLE	<b>TVPF</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRINA, THOMAS A</b>	4.2 NAME	
STREET ADDRESS	<b>301 COLLEGE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29601</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, JOHN I III</b>	5.2 NAME	
STREET ADDRESS	<b>6575 THE CORNERS PARKWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORCROSS GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGANSON, SCOTT E</b>	6.2 NAME	
STREET ADDRESS	<b>6575 THE CORNERS PKWY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORCROSS GA</b>	6.4 CITY-ST-ZIP	

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 119.07(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 or the receiver or trustee or person 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: X *Brian McAuley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BRIAN McAWLEY** 201-438-1400

CR2E034 (12/95)