FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:29

DOCUMENT # **F93000003059 (3)**

1. Corporation Name
VOICECOM SYSTEMS, INC.

Principal Place of Business	Mailing Address
500 NORTHRIDGE RD. STE 800 ATLANTA GA 30350 US	500 NORTHRIDGE RD. STE 800 ATLANTA GA 30350 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 93-1094440 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE
(If changing, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OLIVER, THOMAS R	1.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD, STE 800	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	VSTD	2.1 TITLE		☐ Change ☐ Addition
NAME	CONELY, GAIL S	2.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD, STE 800	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP		
TITLE	VSM	3.1 TITLE	V	☒ Change ☐ Addition
NAME	BURKE, DOUGLAS	3.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD, STE 800	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	V	☒ Change ☐ Addition
NAME	SCHRAFFT, THEODORE P	4.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD STE 800	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	LEDOUX, NORMAN	5.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD, STE 800	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, JEFFREY P	6.2 NAME		
STREET ADDRESS	838 NORTH ST M/S 025-370	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	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)(i), 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 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: GAIL S Conely — 404-643-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0300510 FP