

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90008 006 ***550.00

DOCUMENT # F93000003664

1. Corporation Name

UNIDIAL COMMUNICATIONS, INC.



Principal Place of Business

12910 SHELBYVILLE RD
SUITE 211
LOUISVILLE KY 40243
US

Mailing Address

12910 SHELBYVILLE RD.
SUITE 211
LOUISVILLE KY 40243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1993

4. FEI Number

61-1240037

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE SVPC
NAME T. DOUGLAS WEBB
STREET ADDRESS 12410 SHELBYVILLE RD., STE. 211
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

TITLE DPPD
NAME HENDERSON, J. SHERMAN III
STREET ADDRESS 12910 SHELBYVILLE RD., SUITE 211
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

TITLE DV
NAME WAMPLER, EDWARD J
STREET ADDRESS 12910 SHELBYVILLE RD., SUITE 211
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

TITLE SVP
NAME JAMES PETRIE
STREET ADDRESS 12910 SHELBYVILLE RD, STE. 211
CITY-ST-ZIP LOUISVILLE KY

☐ DELETE

TITLE COO
NAME S. ANDREW MCKAY
STREET ADDRESS 12910 SHELBYVILLE RD., STE 211
CITY-ST-ZIP LOUISVILLE FL

☐ DELETE

TITLE STVP
NAME ROTH, JACK
STREET ADDRESS 12910 SHELBYVILLE, RD, STE 24
CITY-ST-ZIP LOUISVILLE KY 40243

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SENIOR VP

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SA VP

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Delete

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

CFO

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

COO

☒ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

T. Douglas Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99
Date

502-394-0789
Daytime Phone #

CR2E034 (11/98)