

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003937 (9)**

1. Corporation Name

DIAL CALL FLORIDA, INC.



Principal Place of Business

Mailing Address

6575 THE CORNERS PKWY
NORCROSS GA 30092
US

6575 THE CORNERS PKWY
NORCROSS GA 30092
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/27/1994 | 3a. Date of Last Report 04/19/1995 |
| 4. FEI Number 57-0992906 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 **201 ROUTE 17 NORTH**

26 **201 ROUTE 17 NORTH**

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **12 FL**

27 **12 FL**

City & State

City & State

23 **RUTHER FORD, NJ**

28 **RUTHER FORD**

Zip

Country

Zip

Country

24 **07070**

25 **BERGEN**

29 **07070**

30 **BERGEN**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

| | |
|---|-----------|
| 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

N/A

Signature, typed or printed name of registered agent, if and when applicable. (NOTE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | HULTMAN, JEFFREY R | |
| STREET ADDRESS | 301 COLLEGE STREET, STE 700 | |
| CITY-ST-ZIP | GREENVILLE SC | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | WEBER, MARY E | |
| STREET ADDRESS | 301 COLLEGE STREET, STE #700 | |
| CITY-ST-ZIP | GREENVILLE SC | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HILL, JOHN I. III | |
| STREET ADDRESS | 6575 THE CORNERS PARKWAY | |
| CITY-ST-ZIP | NORCROSS GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | THOMAS D. HICKEY |
| 1.3 STREET ADDRESS | 201 ROUTE 17 N |
| 1.4 CITY-ST-ZIP | RUTHERFORD N.J. 07070 |
| 2.1 TITLE | VILE CHAIRMEN OF PARENT CO. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BRIAN McAWLEY |
| 2.3 STREET ADDRESS | 201 ROUTE 17 N |
| 2.4 CITY-ST-ZIP | RUTHERFORD N.J. 07070 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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 McAwley
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
BRIAN McAWLEY

201-438-1400

Date: Daytime Phone #

CR2E034 (12/95)