

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 # **F94000004186 (2)**

1. Corporation Name

BUDGET CALL LONG DISTANCE, INC.



Principal Place of Business

**180 S. CLINTON AVE.
ROCHESTER NY 14646**

Mailing Address

**180 S. CLINTON AVE.
ROCHESTER NY 14646**

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
47-0755311

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.
1201 HAYS ST.
SUITE 105
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:

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEOD** ☒ DELETE
NAME **GREGORY, DALE M**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **PD** ☒ DELETE
NAME **LATHAM, DANIEL**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **V** ☒ DELETE
NAME **COLEMAN, RICHARD K**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **ASAT** ☒ DELETE
NAME **IMAN, VALERIE A.**
STREET ADDRESS **180 S CLINTON AVENUE**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **ST** ☒ DELETE
NAME **MULCAHY, JAMES F**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **D** ☐ DELETE
NAME **MASSARO, LOUIS A**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY 14646**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO / O** ☐ Change ☒ Addition
1.2 NAME **Ronald L Bittner**
1.3 STREET ADDRESS **180 S Clinton Ave.**
1.4 CITY-ST-ZIP **Rochester, NY 14646**

2.1 TITLE **V / O** ☐ Change ☒ Addition
2.2 NAME **Marvin C Moscos**
2.3 STREET ADDRESS **180 S Clinton Ave.**
2.4 CITY-ST-ZIP **Rochester, NY 14646**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Josephine S Trubels**
3.3 STREET ADDRESS **180 S Clinton Ave.**
3.4 CITY-ST-ZIP **Rochester, NY 14646**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Joseph Enis**
4.3 STREET ADDRESS **180 S Clinton Ave**
4.4 CITY-ST-ZIP **Rochester, NY 14646**

5.1 TITLE **ASAT** ☐ Change ☒ Addition
5.2 NAME **Barbara J LaVerdi**
5.3 STREET ADDRESS **180 S Clinton Ave**
5.4 CITY-ST-ZIP **Rochester, NY 14646**

6.1 TITLE **ASAT** ☐ Change ☒ Addition
6.2 NAME **Deborah S Larke**
6.3 STREET ADDRESS **180 S. Clinton Ave**
6.4 CITY-ST-ZIP **Rochester, NY 14646**

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:

Barbara J LaVerdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
Date

716-777-7715
Daytime Phone #

CR2E034 (12/95)