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

DOCUMENT # F95000001225

1. Corporation Name

SMARTALK TELESERVICES, INC.

Р	rincipal	Place	of	Business

Mailing Address

5080 TUTTLE CROSSING **DUBLIN OH 43017**

5080 TUTTLE CROSSING DUBLIN OH 43017

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90027 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					03/14/1995		Ì				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For				
21		26			95-4502740	Not	Applicable				
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ac					
27					o. Continent of Calles Bosher	Fee Req	uired				
City & State City & State					6. Election Campaign Financing	\$5.00 N					
23 28					Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Country		8. This corporation owes the current year Intang		71.10				
24 43014	-35/46 25 USA	29 43016-3566 30) 0-	USA Personal Property Tax. XYes □No							
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	t Registered Agent	81	10. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM					- Name						
1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324					83						
			0.5								
			84	City	FL	85 Zip Co	ode				
11. Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes.	the above	e-named	corporation submits this statement for the nurnose of ch	anging its n	egistered				
office or n	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpo	oration's board of directors. I hereby accept the appoint	nent as regi	istered				
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fionda	a Statutos	•							
SIGNATURE	Signature, typed or printed name of registered agen	t and title of applicable. (NOTE: Re	gistered Ager	nt signature r	required when reinstating) DATE		27				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR					
TITLE	CEOD	☐ DELETE	1,1 TITLE			Change	☐ Addition				
NAME	SPANGENBERG, ERICH L	i	1,2 NAME								
STREET ADDRESS	5080 TUTTLE CROSSING		1,3 STREET	ADDRESS							
C/TY-ST-ZIP	DUBLIN OH 43017		1.4 CITY-S	T-ZIP	Oublin OH 43016.3566						
TITLE	PC00	Ø DELETE	2.1 TITLE		<i>P/T</i>	_] Change	Addition				
NAME	LINDAUER, JEFFREY L		2.2 NAME	٥¥	ENAME Wooddell						
STREET ADDRESS	5080 TUTTLE CROSSING		2.3 STREET	TADDRESS	GOBO TUHLE CROSSING BIVE						
CITY-ST-ZIP	DUBLIN OH 43017	,	2. 4 CITY-S	T-ZIP	Dubun OH 43014-3566						
TITLE	EV	DELETE	3,1 TTLE		$ \mathcal{V} $ (2)	Change	Addition				
NAME	TEICH, RICHARD M		3.2 NAME	'	1 Bobert Locath	1	Ì				
STREET ADDRESS	5080 TUTTLE CROSSING		3.3 STREET	T ADDRESS	5000 TUHLE CROSSING B	iva					
CITY-ST-ZIP	DUBLIN OH 43017		3.4. CITY-S	T-ZIP	Dubica, OH 43016-35	_ ماماد					
πιε	VFAS		4,1 TITLE		1 -	_} Change	∑ Addition ∶				
NAME	FOLCK, GLEN ANDREW		4, 2 NAME		Fred Fielding						
STREET ADDRESS	5080 TUTTLE CROSSING		4.3 STREET	T ADDRESS	5080 Tuttle CIDSSING BIND						
CITY-ST-ZIP	DUBLIN OH 43017		4.4 CITY-S	T-ZIP	1		☐ Autorous				
TITLE	ASGC	☐ DELETE	5.1 TITLE		V/5	Change	Addition				
NAME	BEREDAY, THADDEUS		5.2 NAME				ļ				
STREET ADDRESS	5080 TUTTLE CROSSING		5.3 STREET								
CITY-ST-ZIP	DUBLIN OH 43017		5.4 CITY-S	T-ZIP	Dublin, OH 43016-3566	Change	- 				
TITLE	SVM	DA DELETE	6.1 TITLE		a great Smiths	Change	Addition				
NAME	BOROCZ, JOSEPH A		6.2 NAME		ROBERT SMITH 5000 TUHIE CROSSING BIVE						
STREET ADDRESS	5080 TUTTLE CROSSING			TADORESS			j				
CITY-ST-ZIP	DUBLIN OH 43017		6.4 CITY-S	T-ZIP	Dubles OH 43016-3566	. 44 -4 44 - 5-					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR