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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002804 1. Corporation Name

DELTATEL, INC.

Principal Place	of Business	Mailing Address		T (\$20) AND THE SHALL BEAUTIONS STATE OF	fil ##if# tikus iniis entti nini tanı
1030 DELTA BLVD		1030 DELTA BLVD			
DEPT 852		DEPT 852	•	DO NOT WRITE IN TH	IIS SPACE
ATLANTA GA 30320 ATLANTA GA 30320			3. Date incorporated or Qualifed		
	•			06/09/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		58-2187905	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	Zip	Country	Trust Fund Contribution	
Zip	Country 25	29 30		This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registers	ed Agent
			81 Name		
C T CORPORATION SYSTEM			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD			GZ GWCGI / WG		
PLAN	NTATION FL 33324		83		
			84 City		85 Zip Code
	The same of the same of the same of			•	Colored in the second
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 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.		,
SIGNATURE		AVATE D	egistered Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	C	☑ DELETE	1.1 TITLE: D		☐ Change ☑ Addition
NAME }	COGGIN, ROBERT W		1.2 NAME ///	ichael S. Ellenburg	
STREET ADDRESS	1030 DELTA BLVD		1.3 STREET ADDRESS /0	20 DeHa Blud	
CITY-ST-ZIP	ATLANTA GA			Handa GA 30320	
ππE	D	■ DELETE	2.1 TITLE [2]	a mesenezak	☐ Change
NAME	MATSEN, PAUL G	•	2.2 NAME Z	ee A. Macenczak	ſ
STREET ADDRESS	1030 DELTA BLVD		2.3 STREET ADDRESS / C	1950 Detta Blvd. Hanta BA- 30320	
CITY-ST-ZIP	ATLANTA GA	DELETE	2.4 CITY-ST-ZIP	Hans 13/4-	☐ Change 🖂 Addition
TITLE	P TAVIOD DAVID A	(X) DELETE		lichael J. McHale	Davisia Similar
NAME	Taylor, David A 1030 Delta Blvd		2.2 STORET ADDRESS / 6	003 Virginia Crossing	
STREET ADDRESS	ATLANTA GA 30320		3.4. CITY-ST-ZIP	Hanta GA 30354	
CITY-ST-ZIP	V	☑ DELETE	4.1 TITLE	3,1	☐ Change ☐ Addition
NAME	CROWDER, TERRI A		4.2 NAME		
STREET ADDRESS	1030 DELTA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		Change Addition
NAME	WEST, EDWARD H		5.2 NAME		
STREET ADDRESS	1030 DELTA BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30320		5.4 CITY-ST-ZIP		Change C Addison
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .	KLATT, KENNETH A		6.2 NAME		
STREET ADDRESS	1030 DELTA BLVD		6.3 STREET ADDRESS		

CITY-ST-ZIP 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. 9 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

ATLANTA GA 30320