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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000866 (1)

1. Corporation Name
AMERACALL, INC.

Principal Place of Business
P.O. BOX 582
TRAVERSE CITY MI 49685-0582

Mailing Address
P.O. BOX 582
TRAVERSE CITY MI 49685-0582



2. Principal Place of Business
21 3055 Cass Road South
Suite, Apt. #, etc.
22 Suite #100, Cass Commerce Ctr.
City & State
23 Traverse City, Michigan
Zip
24 49684
Country
25 U.S.A.

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
02/21/1996
3a. Date of Last Report
N/A
4. FEI Number
38-3072630
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

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
85 Zip Code
FL

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	MADSEN, RUSSELL P	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	
TITLE	VD	DELETE <input checked="" type="checkbox"/>
NAME	NICKERSON, DAVID A	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	
TITLE	STD	DELETE <input type="checkbox"/>
NAME	SCHOPIERAY, JAMES L	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	
TITLE	VD	DELETE <input checked="" type="checkbox"/>
NAME	PURDY, E J	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	HITE, REXFORD	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SLATER, GEORGE	
STREET ADDRESS	3055 CASS RD S., STE 100	
CITY-ST-ZIP	TRAVERSE CITY MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	49684
21 TITLE	VD
22 NAME	Patrick Duke
23 STREET ADDRESS	3055 Cass Rd S., Ste 100
24 CITY-ST-ZIP	Traverse City, MI, 49684
31 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	49684
41 TITLE	Chief Financial Officer
42 NAME	Thomas Morse
43 STREET ADDRESS	3055 Cass Rd S., Ste 100
44 CITY-ST-ZIP	Traverse City, MI, 49684
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: [Signature] Vice-President April 15 1997 (110)977-2111

CR2E034 (9/96)