

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004421 (1)**

1. Corporation Name  
**UCN, INC.**



Principal Place of Business <b>1299 E. ARTESIA BLVD. SUITE 240 CARSON GA 90746</b>	Mailing Address <b>1299 E. ARTESIA BLVD. SUITE 240 CARSON GA 90746-1800</b>
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3. Date Incorporated or Qualified <b>08/27/1996</b>	3a. Date of Last Report
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	23. City & State	27. City & State	24. Zip	28. Zip	25. Country	29. Country	30. Country
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4. FEI Number <b>33-0606716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RUFFING, NANCY A</b>	
STREET ADDRESS	<b>1299 E. ARTESIA BLVD. SUITE 240</b>	
CITY - ST - ZIP	<b>CARSON CA 90746</b>	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>VAN VLIET, WILLIAM</b>	
STREET ADDRESS	<b>1299 E. ARTESIA BLVD. SUITE 240</b>	
CITY - ST - ZIP	<b>CARSON CA 90746</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, NELSON H</b>	
STREET ADDRESS	<b>1299 E. ARTESIA BLVD. SUITE 240</b>	
CITY - ST - ZIP	<b>CARSON CA 90746</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HENDERSON, RICHARD S</b>	
STREET ADDRESS	<b>889 BENDIX DRIVE</b>	
CITY - ST - ZIP	<b>JACKSON TN 38301</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, ERNEST L</b>	
STREET ADDRESS	<b>222 N. SEPULVEDA, SUITE 2000</b>	
CITY - ST - ZIP	<b>EL SEQUUNDO CA 90245</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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: *Nancy Ruffing* **REQUIRED** 4/7/97 (310) 668-2055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)