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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700003092

Principal Place of Business

**VOICE-TEL ENTERPRISES, INC.** 

FOUR COMMERCE PARK SQUARE FOUR COMMERCE PARK SOUARE STE 800 23200 CHAGRIN BLVD. STE 800 23200 CHAGRIN BLVD. CLEVELAND OH 44122 DO NOT WRITE IN THIS SPACE CLEVELAND OH 44122 3. Date Incorporated or Qualifed 06/13/1997 Applied For 2a. Mailing Address 4, FEI Number 2. Principal Place of Business 34-1533392 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ΠNo Yes Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SQ PINE ISLAND RD **PLANTATION FL 33324** 83 Zip Code 84 City 85 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 signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change 1.1 TITLE TITLE JONES, BOLAND T 12 NAME NAME 3399 PEACHTREE RD NE THE LENOX BLVD. 400 1.3 STREET ADDRESS STREET ADDRESS ATLANTIC GA 30326 1.4 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT **≯** DELETE Change Addition 2.1 TITLE TITLE THEODORE P. SCHRAFFT SMITH, D G 2.2 NAME NAME 23240 CHAGRIN BLUD STE 800 3399 PEACHTREE RD NE THE LENOX BLVD. 400 2.3 STREET ADDRESS STREET ADDRESS CLEVELAND OH 44122-5442 ATLANTA GA 30326 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE JONES, PATRICK G 3.2 NAME NAME 3399 PEACHTREE RD NE THE LENOX BLVD. 400 3.3 STREET ADDRESS STREET ADDRESS ATLANTIC GA 30326 3.4. CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT - FINANCE Addition □ DELETE ☐ Change 4.1 TITLE TITLE BRIAN D. CATLETT JONES, PATRICK G 4. 2 NAME NAME 23240 CHAGRIN BLUD STE 800 FOUR COMMERCE PARK SQUARE 4.3 STREET ADDRESS STREET ADDRES CLEVELAND, OH 44122.5442 CLEVELAND OH 44122 4.4 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT - OPERATIONS Addition □ DELETE 51 TITLE TITLE RAJA RAJARRAMAN 5.2 NAME NAME 23240 CHALRIN BLUD STE 800 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP 44122-5442 CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME

SEE ATTACHED LIST 64 CITY-ST-ZIP 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 supplied with this limits does not quality for the exemption stated in section 1.5.0 (5/ft), Florida Statutes. In the exemption 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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

(214) 360-4454

FILED Mar 02, 1999 8:00 am

**Secretary of State** 

03-02-1999 90021 009 \*\*\*150.00

CR2E034 (11/98)