

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003092**

1. Entity Name

VOICE-TEL ENTERPRISES, INC.**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90198 046 ***150.00

Principal Place of Business

Mailing Address

COMMERCE PARK SQUARE
800 23200 CHAGRIN BLVD.
CLEVELAND OH 44122FOUR COMMERCE PARK SQUARE
STE 800 23200 CHAGRIN BLVD.
CLEVELAND OH 44122-5402**719924**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 Peachtree Road NE

Suite, Apt. #, etc.

Suite 600

City & State

Atlanta GA

Zip

30326

Country

USA

3. Mailing Address

3399 Peachtree Road NE

Suite, Apt. #, etc.

Suite 600

City & State

Atlanta GA

Zip

30326

Country

USA

4. FEI Number

34-1533392

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	JONES, BOLAND T	
STREET ADDRESS	3399 PEACHTREE RD NE THE LENOX BLVD. 400	
CITY-ST-ZIP	ATLANTIC GA 30326	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHRAFFT, THEODORE P	
STREET ADDRESS	23240 CHAGRIN BLVD STE 800	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, PATRICK G	
STREET ADDRESS	3399 PEACHTREE RD NE THE LENOX BLVD. 400	
CITY-ST-ZIP	ATLANTIC GA 30326	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CATLETT, BRIAN D	
STREET ADDRESS	23240 CHAGRIN BLVD STE 800	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAJARRAMAN, RAJA	
STREET ADDRESS	23240 CHAGRIN BLVD STE 800	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, ELIZABETH W	
STREET ADDRESS	3399 PEACHTREE ROAD, SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLRED, JEFFREY A	
STREET ADDRESS	3399 PEACHTREE ROAD SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, CHRISTOPHER J	
STREET ADDRESS	3399 PEACHTREE ROAD, SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICK G	
STREET ADDRESS	3399 PEACHTREE ROAD SUITE 600	
CITY-ST-ZIP	ATLANTA, GA 30326	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick G. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 404.262.8400