

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004004

1. Entity Name

INTERCALL, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90041 033 \*\*\*550.00

Principal Place of Business

1211 O.G. SKINNER DR.  
 WEST POINT GA 31833

Mailing Address

1211 O.G. SKINNER DR.  
 WEST POINT GA 31833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1942497

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETZLER, SCOTT	NAME	
STREET ADDRESS	825 FOREST AVE	STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, SUSAN	NAME	<i>Turnbull, Greg</i>
STREET ADDRESS	1009 RIVERSIDE DR	STREET ADDRESS	<i>7651-3 Rivercrest Dr.</i>
CITY-ST-ZIP	LA GRANGE GA 30240	CITY-ST-ZIP	<i>Columbus, GA 31904</i>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELANEY, MARY	NAME	<i>Rodino, Mary</i>
STREET ADDRESS	745 BRIGHTON LANE	STREET ADDRESS	<i>321 North Grove</i>
CITY-ST-ZIP	LA GRANGE IL 60525	CITY-ST-ZIP	<i>Oak Park, IL 60302</i>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, ROBERT	NAME	<i>Lamb, Robert</i>
STREET ADDRESS	401 E 4TH ST	STREET ADDRESS	<i>1588 Dunbar Court</i>
CITY-ST-ZIP	WEST POINT GA 31833	CITY-ST-ZIP	<i>Auburn, AL 36830</i>
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, CAMPBELL B III	NAME	
STREET ADDRESS	1601 TANYARD RD	STREET ADDRESS	
CITY-ST-ZIP	LANETT AL 36863	CITY-ST-ZIP	
TITLE	<b>VC</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM H III	NAME	<i>VC Scott, William H III</i>
STREET ADDRESS	91 HIGHLAND DR	STREET ADDRESS	<i>208 North 18th St.</i>
CITY-ST-ZIP	WEST POINT GA 31833	CITY-ST-ZIP	<i>LANETT, AL 36863</i>

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: SIGNATURE OF GREG A. TURNBULL VP/CFO Date: 7/14/00 (706) 634-6244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #