

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004004

Entity Name: INTERCALL, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

1239 O.G. SKINNER DR.
WEST POINT, GA 31833

New Principal Place of Business:

Current Mailing Address:

% CORPORATION SERVICE COMPANY
2711 CENTERVILLE RD., SUITE 400
WILMINTON, DE 19808

New Mailing Address:

FEI Number: 58-1942497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ETZLER, JOSEHP S
Address: 1094 FISHER LANE
City-St-Zip: WINNETKA, IL 60093

Title: CEO () Delete
Name: BARKER, THOMAS
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

Title: SD () Delete
Name: WEST, MARY
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

Title: CFOT () Delete
Name: MENDLIK, PAUL
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

Title: VP () Delete
Name: WISE, ROBERT
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

Title: COO () Delete
Name: BERGER, NANCY
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ETZLER, JOSEPH S
Address: 11808 MIRACLE HILLS DRIVE
City-St-Zip: OMAHA, NE 68154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M. MENDLIK

CFOT

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date