

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90134 017 \*\*\*150.00

0664605 AB

**DOCUMENT # F99000004004**

1. Entity Name  
**INTERCALL, INC.**



Principal Place of Business  
**1211 O.G. SKINNER DR.  
WEST POINT GA 31833**

Mailing Address  
**P.O. BOX 150  
WEST POINT GA 31833**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1942497**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>ETZLER, SCOTT</b>           |  |
| STREET ADDRESS | <b>825 FOREST AVE</b>          |  |
| CITY-ST-ZIP    | <b>WILMETTE IL 60091</b>       |  |
| TITLE          | <b>VT</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>TURNBULL, GREG</b>          |  |
| STREET ADDRESS | <b>7651-1 RIVERCREST DRIVE</b> |  |
| CITY-ST-ZIP    | <b>COLUMBUS GA 31904</b>       |  |
| TITLE          | <b>S</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>THOMPSON, KIMBERLY E</b>    |  |
| STREET ADDRESS | <b>4717 DOLPHIN LANE</b>       |  |
| CITY-ST-ZIP    | <b>ALEXANDRIA VA 22309</b>     |  |
| TITLE          | <b>V</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>LAMB, ROBERT</b>            |  |
| STREET ADDRESS | <b>401 E 4TH ST</b>            |  |
| CITY-ST-ZIP    | <b>WEST POINT GA 31833</b>     |  |
| TITLE          | <b>C</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>LANIER, CAMPBELL B III</b>  |  |
| STREET ADDRESS | <b>1601 TANYARD RD</b>         |  |
| CITY-ST-ZIP    | <b>LANETT AL 36863</b>         |  |
| TITLE          | <b>VC</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>SCOTT, WILLIAM H III</b>    |  |
| STREET ADDRESS | <b>91 HIGHLAND DR</b>          |  |
| CITY-ST-ZIP    | <b>WEST POINT GA 31833</b>     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>Secretary</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert Wise</b>             |  |
| STREET ADDRESS | <b>825 Marion Ave.</b>         |  |
| CITY-ST-ZIP    | <b>Highland Park, IL 60035</b> |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)