

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19595

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** INTELICALL OPERATOR SERVICES, INC.

**Current Principal Place of Business:**

5000 SAWGRASS VILLAGE CIRCLE  
SUITE 30  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE  
SUITE 30  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 75-2166054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LLOYD, FREDERICK  
ILD TELECOMMUNICATIONS, INC.  
5000 SAWGRASS VILLAGE CIRCLE, STE 30  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** MORTON, JR., C. READ  
**Address:** 600 WEST PEACHTREE STREET, SUITE 1200  
**City-St-Zip:** ATLANTA, GA 30308

**Title:** T  
**Name:** BROOKS, H. EDWARD  
**Address:** 5000 SAWGRASS VILLAGE CIRCLE, SUITE 30  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DP  
**Name:** STOUTENBURGH, DENNIS J  
**Address:** PACIFIC CTR. 1,141 DALLAS PKWY, STE. 300  
**City-St-Zip:** DALLAS, TX 75254

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD H BROOKS

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01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date