

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90017 047 ***150.00

DOCUMENT # **P34273**

1. Corporation Name

CONFERENCE-CALL USA, INC.

Principal Place of Business

**3 HIGH RIDGE OFFICE PRK
STAMFORD CT 06905**

Mailing Address

**3 HIGH RIDGE OFFICE PRK
STAMFORD CT 06905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-1719813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEMS, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEFO** ☐ DELETE
NAME **TOW, LEONARD**
STREET ADDRESS **160 LANTERN RIDGE ROAD**
CITY-ST-ZIP **NEW CANAAN CT 06880**

TITLE **PCOO** ☐ DELETE
NAME **FERGUSON, DARYL A**
STREET ADDRESS **44 KILLIAN AVENUE**
CITY-ST-ZIP **TRUMBULL CT 06611**

TITLE **PT** ☐ DELETE
NAME **JOBE, LEE**
STREET ADDRESS **2 WOODS LANE**
CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE **VP** ☐ DELETE
NAME **DESANTIS, ROBERT J**
STREET ADDRESS **222 DUDLEY ROAD**
CITY-ST-ZIP **WILTON CT 06897**

TITLE **V** ☐ DELETE
NAME **REGISTER, DALE**
STREET ADDRESS **3320 BLACKBURN STREET**
CITY-ST-ZIP **DALLAS TX 75204**

TITLE **VTAX** ☐ DELETE
NAME **KIPPERMAN, EDWARD O**
STREET ADDRESS **18 BRIAR CLIFF ROAD**
CITY-ST-ZIP **NEW CITY NY 10956**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)