

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90502 002 \*\*\*550.00

DOCUMENT # P38107

1. Entry Name

NIC  
 FLD  
 4/27/01  
 AXM

~~Talk.com Holding Corp.~~

**TALK AMERICA INC.**

Principal Place of Business 6805 Route 202 New Hope, PA 18938 US	Mailing Address 6805 Route 202 New Hope, PA 18938-1079 US
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**A0071799**

2. Principal Place of Business 6805 Route 202 Suite, Apt. #, etc.	3. Mailing Address 6805 Route 202 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State New Hope, PA 18938	City & State New Hope, PA 18938	4. FEI Number 23-2582790	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

C T Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!!**  
 After MAY 1, 2001 Fee will be \$550.00  
 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Edward Meyercord 6805 Route 202 New Hope, PA 18938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Aloysius T. Lawn, IV 6805 Route 202 New Hope, PA 18938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gabriel Battista 12020 Sunrise Valley Drive Reston, VA 20190	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Janet Krschner 6805 Route 202 New Hope, PA 18938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP - Sales Michael Ferzacca 12020 Sunrise Valley Drive Reston, VA 20190	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Edward Meyercord 6805 Route 202 New Hope, PA 18938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Aloysius T. Lawn, IV 6805 Route 202 New Hope, PA 18938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Gabriel Battista 12020 Sunrise Valley Drive Reston, VA 20190	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ken Baritz 2385 Executive Center Dr. Ste. 270 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kevin Griffo 12001 Science Drive, Suite 130 Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V George Vinall 12020 Sunrise Valley Drive Reston, VA 20190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Aloysius T. Lawn, IV, Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01 215-862-1500  
 Date Daytime Phone #

CRZE034 (11/00)