

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 021 ***150.00

DOCUMENT # **P38107**
1. Entity Name **TALK AMERICA, INC.**

441480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6805 ROUTE 202

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW HOPE, PA

Zip

18938

Country

USA

City & State

Zip

Country

4. FEI Number

23-2582790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORP. SYSTEM

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

1200 S. PINE ISLAND RD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
**PC.
GABRIEL BATTISTA
12020 SUNRISE VALLEY DR
RESTON, VA 20191**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.D
THOMAS WALSH
6805 ROUTE 202
NEW HOPE, PA 18938**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S.D
ALOYSIUS T. LAWN, II
6805 ROUTE 202
NEW HOPE, PA 18938**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T.D
EDWARD MEYERCORD
6805 ROUTE 202
NEW HOPE, PA 18938**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **St Thomas M. Walsh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/02

Daytime Phone #

(215) 862-1500

CR2E034B (12/01)