

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2004 MAY 12 PM 2: 48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P38107

1. Entity Name  
TALK AMERICA INC.



Principal Place of Business  
6805 RT 202  
NEW HOPE, PA 18938 US

Mailing Address  
6805 RT 202  
NEW HOPE, PA 18938 US



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2582790

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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. 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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEYERCORD, EDWARD 6805 ROUTH 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWN, ALOYSIUS T IV 6805 RT 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BATTISTA, GABRIEL 12020 SUNRISE VALLEY DRIVE RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFO, KEVIN 12001 SCIENCE DRIVE, STE. 130 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINALL, GEORGE 12020 SUNRISE VALLEY DRIVE RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000036275510  
05/13/04--01077--006 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

5/12  
bkm

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aloysius T. Lawn, IV

Date

215-862-1500

Daytime Phone #