

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:32

DOCUMENT # **827303**

(9)

1. Corporation Name

ANSWER AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 E. 58TH ST., 26 FLOOR
NEW YORK NY 10155

Managing Address

150 E. 58TH ST., 26 FLOOR
NEW YORK NY 10155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1972**
3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

20. Managing Address

26

4. FEI Number
13-2806578

Applied Fee
Not Applicable

State Appointed

22

State Appointed

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has listed, for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORMLEY, SUSAN C/O ANSWER AMERICA
% ANSWER AMERICA
1000 N WASHINGTON BLVD
SARASOTA FL 34236**

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 199.031, 199.032 and 199.033, 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 the new 199.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P
2. STREET ADDRESS	SILVERMAN, LORIN
3. CITY & STATE	150 E. 58TH ST. NEW YORK NY
4. NAME	VS
5. STREET ADDRESS	COHEN, MARK C.
6. CITY & STATE	150 E. 58TH ST. NEW YORK NY
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032 (b), 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 in writing. I am an officer or director of this corporation. In the case of a listed employee, I am filing this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Isabel Domingo* Controller *Isabel Domingo*

4/24/95