

# 2001 UNIFORM BUSINESS REPORT (UBR)

CR2E034 (5/01)

**DOCUMENT # F0000002501**

**1. Entity Name**  
CALL TECHNOLOGIES, INC.

FILED

01 OCT -2 AM 8:24

SECRETARY OF STATE



**Principal Place of Business**  
11490 COMMERCE PARK DRIVE, SUITE 200  
RESTON VA 20191

**Mailing Address**  
11490 COMMERCE PARK DRIVE, SUITE 200  
RESTON VA 20191  
*elo 3Com Corporation*  
*5400 Bayfront Plaza MS 1308*  
*Santa Clara, CA 95054*

**2. Principal Place of Business**

**3. Mailing Address**

*elo 3Com Corporation*  
*Suite, Apt. #, etc.*  
*5400 Bayfront Plaza MS 1308*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Santa Clara.*

**4. FEI Number** 23-2641505

Applied For  
Not Applicable

Zip

Country

Zip

Country

*95054.*

*U.S*

**5. Certificate of Status Desired**

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

**MRAI SERVICES, INC.**  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

Name  
*Corporation Service Company*  
Street Address (P.O. Box Number is Not Acceptable)  
*1201 Hays Street*  
City  
*Tallahassee* FL Zip Code  
*32301*

**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

*Brian Courtney Asst. V.P.*

DATE  
*10/2/01*

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

(NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HAVAS, JOHN 12033 WETHERFIELD LANE POTOMAC MD 20854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ENRICO, JOE 2276 COMPASS POINT LANE RESTON VA 20191	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LA PERCH, RICARDO 11108 FAIRFAX STATION ROAD FAIRFAX STATION VA 22039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Michael 5400 Bayfront Plaza Santa Clara, CA 95054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John Kuo 5400 Bayfront Plaza Santa Clara, CA 95054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patricia Cuthbert 5400 Bayfront Plaza Santa Clara, CA 95054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*mw*

**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: *Mark Michael*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/01

408 326 5000

Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 702475 5018935

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 750.00

ORDER DATE : September 28, 2001

ORDER TIME : 3:51 PM

ORDER NO. : 702475-010

CUSTOMER NO: 5018935

CUSTOMER: Ms. Jessica Neideffer  
3com Corporation  
5400 Bayfront Plaza  
Mail Stop 1308  
Santa Clara, CA 95052-8145

ANNUAL REPORT FILING

NAME: CALL TECHNOLOGIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

EXAMINER'S INITIALS  
01 OCT - 2 PM 4:44

RECEIVED