

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortrum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001949 (6)**

1. Corporation Name  
**SABER COMMUNICATIONS, INC.**



Principal Place of Business

1109 N. BELTLINE HWY.  
MOBILE AL 00  
US

Mailing Address

C/O NEXTEL  
201 ROUTE 17 N. 12TH FLOOR  
RUTHERFORD NJ 07070-2574  
US

3. Date incorporated or Qualified <b>04/14/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>63-1114447</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1500, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.060, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	MCAULEY, BRIAN D	
3. STREET ADDRESS	201 ROUTE 17 NORTH	
4. CITY, ST, ZIP	RUTHERFORD NJ 07070	
5. TITLE	VD	<input type="checkbox"/> DELETE
6. NAME	O'BRIEN, MORGAN E	
7. STREET ADDRESS	800 CONNECTICUT AVENUE NW SUITE 1001	
8. CITY, ST, ZIP	WASHINGTON DC 20006	
9. TITLE	AST	<input type="checkbox"/> DELETE
10. NAME	VELE, JOHN A	
11. STREET ADDRESS	201 ROUTE 17 NORTH	
12. CITY, ST, ZIP	RUTHERFORD NJ 07070	
13. TITLE	VAS	<input checked="" type="checkbox"/> DELETE
14. NAME	MARKELL, JACK A	
15. STREET ADDRESS	201 ROUTE 17 NORTH	
16. CITY, ST, ZIP	RUTHERFORD NJ 07070	
17. TITLE	CEO	<input checked="" type="checkbox"/> DELETE
18. NAME	HICKS, WEYLAND R	
19. STREET ADDRESS	201 ROUTE 17 NORTH	
20. CITY, ST, ZIP	RUTHERFORD NJ 07070	
21. TITLE	VTS	<input checked="" type="checkbox"/> DELETE
22. NAME	LONG, ELIZABETH G	
23. STREET ADDRESS	201 ROUTE 17 NORTH	
24. CITY, ST, ZIP	RUTHERFORD NJ 07070	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, ST, ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. CITY, ST, ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16. CITY, ST, ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

*V.P.  
John Pescatore  
201 Route 17 North  
Rutherford, NJ 07070  
General Counsel and V.P.  
Thomas Sidman  
201 Route 17 North  
Rutherford, NJ 07070  
A V P  
John Willmoth  
201 Route 17 North  
Rutherford, NJ 07070*

14. I do hereby certify that the information supplied to the Florida Department of State is true and correct and does not qualify for the exemption stated in Section 190.073(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or if a matter to report with an address.

SIGNATURE: **ASST. TREAS.** 1/17/96 (201) 438-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)