

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004930 (2)**

1. Corporation Name  
**AIRTOUCH PCS HOLDING, INC.**



Principal Place of Business Mailing Address  
**2999 OAK RD., MS 1025 WALNUT CREEK CA 94596**

3. Date Incorporated or Qualified **10/11/1995** 3a. Date of Last Report  
4. FEI Number **APPLIED FOR** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **One California St.** 26 **One California St.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **21st Floor** 27 **21st Floor**  
City & State City & State  
23 **San Francisco, CA** 28 **San Francisco, CA**  
Zip Country Zip Country  
24 **94111 USA** 25 **USA** 29 **94111** 30 **USA**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  DELETE  
NAME GINN, SAM  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE VT  DELETE  
NAME GYANI, MOHAN S  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE S  DELETE  
NAME SLEETH, WALTER J  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE AS  DELETE  
NAME VEACO, KRISTINA  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE AT  DELETE  
NAME SOOPER, MARTIN  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE D  DELETE  
NAME SARIN, ARUN  
STREET ADDRESS ONE CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  Change  Addition  
1.2 NAME Ginn, Sam  
1.3 STREET ADDRESS One California St., 30th Floor  
1.4 CITY-ST-ZIP San Francisco, CA 94111  
2.1 TITLE P  Change  Addition  
2.2 NAME Cox, C. Lee  
2.3 STREET ADDRESS 2999 Oak Rd. MS 1025  
2.4 CITY-ST-ZIP Walnut Creek, CA 94596  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME **800001744078**  
6.3 STREET ADDRESS **-03/15/96--01020--009**  
6.4 CITY-ST-ZIP **\*\*\*200.00**

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 119.07(3)(k), 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 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Kristina Veaco* Kristina Veaco 1/31/96 415-658-2088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

3/14/96

PS