

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F95000004930 (2)**

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



Principal Place of Business <b>ONE CALIFORNIA ST 21ST FLOOR SAN FRANCISCO CA 94111</b>	Mailing Address <b>ONE CALIFORNIA ST 21ST FLOOR SAN FRANCISCO CA 94111-5401</b>
---	--

3. Date Incorporated or Qualified <b>10/11/1995</b>	3a. Date of Last Report <b>03/14/1996</b>
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>APPLIED FOR 94-3232891</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GINN, SAM</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET, 30TH FLOOR</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94111</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>GYANI, MOHAN S</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SLEETH, WALTER J</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>VEACO, KRISTINA</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>SOOPER, MARTIN</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SARIN, ARUN</b>
STREET ADDRESS	<b>ONE CALIFORNIA STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I do 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 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* **REQUIRE** Kristina Veaco 2/10/1997 415-658-2084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)