

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004930 (2)
 1. Corporation Name
AIRTOUCH PCS HOLDING, INC.



Principal Place of Business ONE CALIFORNIA ST 21ST FLOOR SAN FRANCISCO CA 94111	Mailing Address ONE CALIFORNIA ST 21ST FLOOR SAN FRANCISCO CA 94111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1995	
21		26		4. FEI Number 94-3232891	
Suite, Apt #, etc.		Suite, Apt #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Zip	Country	Zip	Country		

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINN, SAM			1.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET, 30TH FLOOR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94111			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GYANI, MOHAN S			2.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLEETH, WALTER J			3.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEACO, KRISTINA			4.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOOPER, MARTIN			5.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARIN, ARUN			6.2 NAME			
STREET ADDRESS	ONE CALIFORNIA STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			6.4 CITY-ST-ZIP			

14. 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 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 in an attachment with an address.

SIGNATURE: *Kristina Veaco* Kristina Veaco 2/12/1998 (415) 658-2084

CP2E034 (10/97)