

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90010 023 ***150.00

DOCUMENT # F95000004930

1. Entity 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 94111-5401
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3232891	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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 D	<input checked="" type="checkbox"/> Delete	TITLE D/VP/T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GINN, SAM		NAME EDWARD LANGSTON	
STREET ADDRESS ONE CALIFORNIA STREET, 30TH FLOOR		STREET ADDRESS ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA 94111		CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE VT	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GYANI, MOHAN S		NAME ERIK YOUNG	
STREET ADDRESS ONE CALIFORNIA STREET		STREET ADDRESS ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SLEETH, WALTER J		NAME GREGORY CALIGARI	
STREET ADDRESS ONE CALIFORNIA STREET		STREET ADDRESS ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE AS	<input checked="" type="checkbox"/> Delete	TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LE DUJ, SHARON		NAME ANNE SHUFORD	
STREET ADDRESS 1CAKUFIRBUA ST, 21ST FLOOR		STREET ADDRESS ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA 94111		CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE AT	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOOPER, MARTIN		NAME TERRY KRAMER	
STREET ADDRESS ONE CALIFORNIA STREET		STREET ADDRESS ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE D	<input type="checkbox"/> Delete	TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARIN, ARUN		NAME ARUN SARIN	
STREET ADDRESS ONE CALIFORNIA STREET		STREET ADDRESS ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP SAN FRANCISCO CA		CITY-ST-ZIP SAN FRANCISCO, CA 94111	

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: Ann Shuford **Ann Shuford, Asst. Secretary** 1/19/2000 (415) 658-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)