

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

•PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005288

1. Corporation Name
BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1717 ARCH STREET

Suite, Apt. #, etc.

22 29th FLOOR

City & State

23 PHILADELPHIA, PA

Zip

24 19103

Country

2a. Mailing Address

26 1717 ARCH STREET

Suite, Apt. #, etc.

27 32nd FLOOR

City & State

28 PHILADELPHIA, PA

Zip

29 19103

Country

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

4. FEI Number

23-2696501

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Original typed or printed name of registered agent and title (add address)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D/VP/IS
NAME STEPHEN B. HEIMANN
STREET ADDRESS 1717 ARCH STREET, 48th FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D/C
NAME DERMOTT O. MURPHY
STREET ADDRESS 1717 ARCH STREET, 29th FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D/T
NAME GARY C. RIDGE
STREET ADDRESS 1717 ARCH STREET, 29th FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE AT
NAME PAUL N. KELLY
STREET ADDRESS 1717 ARCH STREET, 30th FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE AS
NAME BARBARA E. GRAFTON
STREET ADDRESS 1717 ARCH STREET, 32nd FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL N. KELLY, ASST. TREASURER

8/7/96

(215)963-6343

15 8/12/96

CR2E034 (3/96)