

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 12 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F95000005288 (4)**

1. Corporation Name

BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.

Principal Place of Business

**1717 ARCH ST.
PHILADELPHIA PA 19103**

Mailing Address

**1717 ARCH ST.
PHILADELPHIA PA 19103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

08/12/1996

4. FEI Number

23-2696501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1717 Arch St.

2a. Mailing Address

26 1717 Arch St.

Suite, Apt. #, etc.

22 29th Fl.

Suite, Apt. #, etc.

27 32nd Fl.

City & State

23 Philadelphia, PA

City & State

28 Philadelphia, PA

Zip

24 19103

Country

25 Philadelphia

Zip

29 19103

Country

30 Philadelphia

9. Name and Address of Current Registered Agent

**C T 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVPS** ☐ DELETE

NAME **HEIMANN, STEPHEN B**
STREET ADDRESS **1717 ARCH ST. 48TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **DT** ☐ DELETE

NAME **RIDGE, GARY C**
STREET ADDRESS **1717 ARCH ST. 29TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **DC** ☐ DELETE

NAME **MURPHY, DERMOTT O**
STREET ADDRESS **1717 ARCH ST. 29TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **AT** ☐ DELETE

NAME **KELLY, PAUL N**
STREET ADDRESS **1717 ARCH ST. 30TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **AS** ☐ DELETE

NAME **GRAFTON, BARBARA E**
STREET ADDRESS **1717 ARCH ST. 32ND FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/VP/S/GenCounsel** ☒ Change ☐ Addition

1.2 NAME **Heimann, Stephen B.**
1.3 STREET ADDRESS **1717 Arch St., 48th Fl.**
1.4 CITY-ST-ZIP **Philadelphia, PA 19103**

2.1 TITLE **D/T/AS** ☒ Change ☐ Addition

2.2 NAME **Ridge, Gary C.**
2.3 STREET ADDRESS **1717 Arch St., 29th Fl.**
2.4 CITY-ST-ZIP **Philadelphia, PA 19103**

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

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: **Barbara E. Grafton** **BARBARA E. GRAFTON**

215-963-6523

CR2E034 (4/97)