

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

FILED
Mar 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 # F96000002937 (8)
 1. Corporation Name
PACIFIC BELL MOBILE SERVICES, INC.



Principal Place of Business 4420 ROSEWOOD DR. 4TH FLR. BLDG 2 PLEASANTON CA 94588	Mailing Address 4420 ROSEWOOD DR. 4TH FLR. BLDG 2 PLEASANTON CA 94588-3050
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1996	3a. Date of Last Report
21	22	23	24	4. FEI Number 94-3201594	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		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
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
Signature type in the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIELS, L R		1.2 NAME		
STREET ADDRESS	4420 ROSEWOOD DR, 4TH FLR, BLDG 2		1.3 STREET ADDRESS		
CITY - ST - ZIP	PLEASANTON CA 94588		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWNING, W E		2.2 NAME		
STREET ADDRESS	130 KEARNY ST, 37TH FLR		2.3 STREET ADDRESS		
CITY - ST - ZIP	SAN FRANCISCO CA 94108		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZPATRICK, M J		3.2 NAME		
STREET ADDRESS	130 KEARNY ST, 37TH FLR		3.3 STREET ADDRESS		
CITY - ST - ZIP	SAN FRANCISCO CA 94108		3.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUIGLEY, P J		4.2 NAME		
STREET ADDRESS	130 KEARNY ST, 37TH FLR		4.3 STREET ADDRESS		
CITY - ST - ZIP	SAN FRANCISCO CA 94108		4.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, L T JR		5.2 NAME		
STREET ADDRESS	130 KEARNY ST, 29TH FLR		5.3 STREET ADDRESS		
CITY - ST - ZIP	SAN FRANCISCO CA 94108		5.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROEMER, E K		6.2 NAME		
STREET ADDRESS	130 KEARNY ST, #3609		6.3 STREET ADDRESS		
CITY - ST - ZIP	SAN FRANCISCO CA 94108		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: *E. K. Roemer* **E. K. ROEMER, ASSISTANT SECRETARY** **2/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)