

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P17452 (4)

1. Corporation Name
AIRTOUCH PAGING, INC.

Principal Place of Business Mailing Address
**12221 MERIT DRIVE
SUITE 800
DALLAS TX 75251
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **94-3058969** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **One California St.**
22 City & State **27** **21st Fl., Attn: D. Jones**
23 **San Francisco, CA**
24 Zip **25** Country **28** **94111** **29** **US** **30** Country **US**

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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
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 **85** Zip Code **FL**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	JACKSON, C.E.
STREET ADDRESS	12221 MERIT DR, #800
CITY - ST - ZIP	DALLAS TX
TITLE	VICF
NAME	BARNETT, D.B.
STREET ADDRESS	12221 MERIT DRIVE #800
CITY - ST - ZIP	DALLAS TX 75251
TITLE	V
NAME	*FRANER, D.C.
STREET ADDRESS	12221 MERIT DRIVE #800
CITY - ST - ZIP	DALLAS TX 75251
TITLE	S
NAME	STACHIW, M.A.
STREET ADDRESS	12221 MERIT DRIVE #800
CITY - ST - ZIP	DALLAS TX 75251
TITLE	AS
NAME	WHITE, P.H.
STREET ADDRESS	2980 OAK ROAD, MS 800
CITY - ST - ZIP	WALNUT CREEK, CA
TITLE	V
NAME	KERR, J.M.
STREET ADDRESS	12221 MERIT DR., #800
CITY - ST - ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. J. Anderson
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	One California St., 21st Fl.
5.4 CITY - ST - ZIP	San Francisco, CA 94111
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *K. Venco* **K. Venco** **4-12-95** **(415)658-2088**