

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P17452** (4)

1. Corporation Name  
**AIRTOUCH PAGING, INC.**



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

Mailing Address  
**ATTN: D. JONES  
ONE CALIFORNIA ST. 21 FL  
SAN FRANCISCO CA 94111  
US**

3. Date Incorporated or Qualified **12/30/1987** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business  
21 **12221 Merit Drive**  
Suite, Apt. #, etc. **Suite 800**  
City & State **Dallas, TX**  
Zip **75251** Country **USA**

2a. Mailing Address  
26 **One California Street**  
Suite, Apt. #, etc. **c/o Anne Shuford, 21st Fl.**  
City & State **San Francisco, CA**  
Zip **94111** Country **USA**

4. FEI Number **94-3058969** 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  
**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 registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JACKSON, C.E.	
STREET ADDRESS	12221 MERIT DR, #800	
CITY-ST-ZIP	DALLAS TX	
TITLE	VTCF	<input type="checkbox"/> DELETE
NAME	BARNETT, D.B.	
STREET ADDRESS	12221 MERIT DRIVE #800	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, D.J.	
STREET ADDRESS	12221 MERIT DRIVE #800	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STACHIW, M.A.	
STREET ADDRESS	12221 MERIT DRIVE #800	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, P.H.	
STREET ADDRESS	ONE CALIFORNIA ST. 21 FL	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KERR, J.M.	
STREET ADDRESS	12221 MERIT DR., #800	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	AS
53 STREET ADDRESS	Veaco, K.
54 CITY-ST-ZIP	One California Street, 21st Floor San Francisco, CA 94111
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kristina Veaco* Kristina Veaco 1/21/96 (415) 658-2088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)