

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

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**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17452 (4)
 1. Corporation Name
AIRTOUCH PAGING, INC.



Principal Place of Business 12221 MERIT DRIVE SUITE 800 DALLAS TX 75251 US	Mailing Address % ANNE SHUFORDTREET 1 CALIFORNIA STREET, 21ST FLOOR SAN FRANCISCO CA 94111-5401 US
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3. Date Incorporated or Qualified 12/30/1987	3a. Date of Last Report 03/04/1996
4. FEI Number 94-3058969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 c/o Anne Shuford
22 City & State	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-instating) 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 checked="" 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 type="checkbox"/> DELETE
NAME	VEACO, K	
STREET ADDRESS	1 CALIFORNIA STREET, 21ST FLOOR	
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

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 checked="" type="checkbox"/> Addition
2.2 NAME	AT
2.3 STREET ADDRESS	Mohan S. Gyani
2.4 CITY-ST-ZIP	One California Street, 30th Floor San Francisco, CA 94111
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Sandra B. Mortham* **REQUIRE** **Ristina Veaco** **2/10/97** **(415) 658-2084**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)