

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P17452 (4)**

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



|   |   |
|---|---|
| Principal Place of Business<br><b>12221 MERIT DRIVE<br/>                 SUITE 800<br/>                 DALLAS TX 75251<br/>                 US</b> | Mailing Address<br><b>C/O ANNE SHUFORD<br/>                 1 CALIFORNIA STREET, 21ST FLOOR<br/>                 SAN FRANCISCO CA 94111<br/>                 US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/30/1987**

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

|  |  |
|--|--|
| 4. FEI Number<br><b>94-3058969</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

|   |             |
|---|-------------|
| B1 Name   | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) |             |
| B3  |             |
| B4 City   | <b>FL</b>   |

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  |  |
|----------------------------|--|--|
| TITLE                      | <b>CEO</b>                             | <input type="checkbox"/> DELETE            |
| NAME                       | <b>JACKSON, C.E.</b>                   |  |
| STREET ADDRESS             | <b>12221 MERIT DR, #800</b>            |  |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                       |  |
| TITLE                      | <b>AT</b>                              | <input type="checkbox"/> DELETE            |
| NAME                       | <b>GYANI, MOHAN S.</b>                 |  |
| STREET ADDRESS             | <b>ONE CALIFORNIA ST, 30TH FLR</b>     |  |
| CITY-ST-ZIP                | <b>SAN FRANCISCO CA</b>                |  |
| TITLE                      | <b>V</b>                               | <input type="checkbox"/> DELETE            |
| NAME                       | <b>ANDERSON, D.J.</b>                  |  |
| STREET ADDRESS             | <b>12221 MERIT DRIVE #800</b>          |  |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                       |  |
| TITLE                      | <b>S</b>                               | <input type="checkbox"/> DELETE            |
| NAME                       | <b>STACHIW, M.A.</b>                   |  |
| STREET ADDRESS             | <b>12221 MERIT DRIVE #800</b>          |  |
| CITY-ST-ZIP                | <b>DALLAS TX 75251</b>                 |  |
| TITLE                      | <b>AS</b>                              | <input type="checkbox"/> DELETE            |
| NAME                       | <b>VEACO, K</b>                        |  |
| STREET ADDRESS             | <b>1 CALIFORNIA STREET, 21ST FLOOR</b> |  |
| CITY-ST-ZIP                | <b>SAN FRANCISCO CA</b>                |  |
| TITLE                      | <b>V</b>                               | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>KERR, J.M.</b>                      |  |
| STREET ADDRESS             | <b>12221 MERIT DR., #800</b>           |  |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                       |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |   |
|---|-----------------------------------|---|
| 1.1 TITLE   | <b>CFO</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME  | <b>Jackson, C.E.</b>              |   |
| 1.3 STREET ADDRESS                                    | <b>12221 Merit Dr., Suite 800</b> |   |
| 1.4 CITY-ST-ZIP                                       | <b>Dallas TX 75251</b>            |   |
| 2.1 TITLE   |                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME  |                                   |   |
| 2.3 STREET ADDRESS                                    |                                   |   |
| 2.4 CITY-ST-ZIP                                       |                                   |   |
| 3.1 TITLE   |                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 3.2 NAME  |                                   |   |
| 3.3 STREET ADDRESS                                    |                                   |   |
| 3.4 CITY-ST-ZIP                                       |                                   |   |
| 4.1 TITLE   | <b>V</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME  | <b>Mark Stachiw</b>               |   |
| 4.3 STREET ADDRESS                                    | <b>12221 Merit Dr., Suite 800</b> |   |
| 4.4 CITY-ST-ZIP                                       | <b>Dallas TX 75251</b>            |   |
| 5.1 TITLE   |                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME  |                                   |   |
| 5.3 STREET ADDRESS                                    |                                   |   |
| 5.4 CITY-ST-ZIP                                       |                                   |   |
| 6.1 TITLE   | <b>V</b>                          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | <b>Todd R. Parker</b>             |   |
| 6.3 STREET ADDRESS                                    | <b>12221 Merit Dr., Suite 800</b> |   |
| 6.4 CITY-ST-ZIP                                       | <b>Dallas TX 75251</b>            |   |

14. I 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: **Kristina Veaco, Asst. Secretary** *Kristina Veaco* 2/12/1998, (416) 658-2084

CFR2004 (10/97)