

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19202 (1)**

1. Corporation Name  
**PACTEL FINANCE, INC.**



Principal Place of Business: **130 KEARNY STREET ROOM 3609 SAN FRANCISCO CA 94108 US**  
Mailing Address: **130 KEARNY STREET ROOM 3609 SAN FRANCISCO CA 94108 US**

3. Date Incorporated or Qualified: **05/11/1988**  
3a. Date of Last Report: **03/14/1995**  
4. FEI Number: **94-2942781**  
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

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

**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. Zip Code

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

Signature of officer or principal of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>POCE -</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D/CEO/ED F&amp;T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, L. T.</b>	1.2 NAME	<b>BARNES, L. T.</b>
STREET ADDRESS	<b>130 KEARNY STREET</b>	1.3 STREET ADDRESS	<b>130 KEARNY STREET</b>
CITY-STATE-ZIP	<b>SAN FRANCISCO CA</b>	1.4 CITY-STATE-ZIP	<b>SAN FRANCISCO, CA</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, D. G.</b>	2.2 NAME	
STREET ADDRESS	<b>130 KEARNY STREET, ROOM 3609</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SAN FRANCISCO CA</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROEMER, E. K.</b>	3.2 NAME	
STREET ADDRESS	<b>130 KEARNY STREET, ROOM 3609</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SAN FRANCISCO CA</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNING, W.E.</b>	4.2 NAME	
STREET ADDRESS	<b>130 KEARNY STREET</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SAN FRANCISCO CA</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHUNG, J. E.</b>	5.2 NAME	
STREET ADDRESS	<b>130 KEARNY STREET, ROOM 3609</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SAN FRANCISCO CA</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VP MILLER, W.M.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>130 KEARNY STREET, ROOM 3058</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>SAN FRANCISCO, CA</b>

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: *J. E. Chung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. E. CHUNG

Date

3/4/96 (415) 394-3538

Daytime Phone #

CR2E034 (12/95)