

**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 # **F92000000789 (9)**

1. Corporation Name

**MOBILECOMM NATIONWIDE OPERATIONS, INC.**



Principal Place of Business

Mailing Address

1800 EAST COUNTY LINE ROAD  
SUITE 300  
RIDGELAND MS 39157

1800 EAST COUNTY LINE ROAD  
SUITE 300  
RIDGELAND MS 39157

3. Date Incorporated or Qualified  
**12/21/1992**

3a. Date of Last Report  
**06/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**64-0821546**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, typed or printed name 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	PD PAZIAN, STEPHEN E	<input checked="" type="checkbox"/> DELETE	1 1 TITLE
NAME	1800 EAST COUNTY LINE ROAD		12 NAME
STREET ADDRESS	RIDGELAND MS 39157		13 STREET ADDRESS
CITY, ST, ZIP			14 CITY-ST-ZIP
TITLE	VS BARKSDALE, C. CLAIBORNE	<input checked="" type="checkbox"/> DELETE	2 1 TITLE
NAME	1800 EAST COUNTY LINE ROAD		22 NAME
STREET ADDRESS	RIDGELAND MS 39157		23 STREET ADDRESS
CITY, ST, ZIP			24 CITY-ST-ZIP
TITLE	D HAMM, CHARLES S	<input checked="" type="checkbox"/> DELETE	3 1 TITLE
NAME	1800 EAST COUNTY LINE ROAD		32 NAME
STREET ADDRESS	RIDGELAND MS 39157		33 STREET ADDRESS
CITY, ST, ZIP			34 CITY-ST-ZIP
TITLE	VT GROTHE, K W JR	<input checked="" type="checkbox"/> DELETE	4 1 TITLE
NAME	1800 EAST COUNTY LINE ROAD		42 NAME
STREET ADDRESS	RIDGELAND MS 39157		43 STREET ADDRESS
CITY, ST, ZIP			44 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY, ST, ZIP			54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY, ST, ZIP			64 CITY-ST-ZIP

11 TITLE	PD JOHN M. KEALEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	65 CHALLENGER RD, 5th FLOOR	
13 STREET ADDRESS	RIDGEFIELD PARK, NJ 07660	
14 CITY-ST-ZIP		
2 1 TITLE	V GLYNN INGRAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1800 E COUNTY LINE RD, #300	
23 STREET ADDRESS	RIDGELAND, MS 39157	
24 CITY-ST-ZIP		
3 1 TITLE	V/S/D KENNETH R. MC VAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	65 CHALLENGER RD, 5th FLOOR	
33 STREET ADDRESS	RIDGEFIELD PARK, NJ 07660	
34 CITY-ST-ZIP		
4 1 TITLE	V/T SANTO PITTSMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	65 CHALLENGER RD, 5th FLOOR	
43 STREET ADDRESS	RIDGEFIELD PARK, NJ 07660	
44 CITY-ST-ZIP		
5 1 TITLE	D GREGORY RORKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	65 CHALLENGER RD, 5th FLOOR	
53 STREET ADDRESS	RIDGEFIELD PARK, NJ 07660	
54 CITY-ST-ZIP		
6 1 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: *Glynn Ingram* **GLYNN INGRAM** 2/5/96 (601) 977-0888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)