

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

1

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN 19 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FC12000000789
1. Corporation Name
MobileComm Nationwide Operations, Inc.

Principal Place of Business Mailing Address Same
One Executive Drive, Suite 500
Fort Lee, NJ 07024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	12/31/92	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		64-0821546	
Zip		Country		Applied For	
24	25	29	30	Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
SIGNATURE				10. Name and Address of New Registered Agent	
Signature: Typed or printed name of registered agent and title if applicable				85 Zip Code	
(NOTE: Registered Agent signature required when reinstating)				FL	
DATE					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Bondi	1.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	1.4 CITY-ST-ZIP	
TITLE	Chairman-Restructuring <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Bondi	2.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	2.4 CITY-ST-ZIP	
TITLE	President & CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald R. Grawert	3.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	3.4 CITY-ST-ZIP	
TITLE	Sr. VP & CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David R. Gibson	4.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	4.4 CITY-ST-ZIP	
TITLE	Vice President & Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia A. Gray	5.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	5.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Pascucci	6.2 NAME	
STREET ADDRESS	One Executive Drive, Suite 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lee, NJ 07024	6.4 CITY-ST-ZIP	

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 the attachment with an address.

SIGNATURE: Patricia A. Gray, VP & Secretary
6/6/98 200002505302-1

CR2E034 (10/97)

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MobileComm

One Executive Drive
Suite 500
Fort Lee, NJ 07024

Telephone: 201/224 9200
Fax: 201/969 4500

June 11, 1998



MobileComm

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: MobileComm Nationwide Operations, Inc.

To Whom It Concerns:

Enclosed please find an annual report for filing on behalf of the above referenced company along with the \$150.00 filing fee. Per the instruction of one of the state's representatives, I have not enclosed the late filing fee because the company's mailing address has changed and the forms were never received.

The new address is:

One Executive Drive, Suite 500
Fort Lee, NJ 07024

Please return a date stamped copy of the filing to my attention in the enclosed envelope.

If you have any questions or need additional information, please feel free to contact me at (201) 224-9200 extension 3950.

Very truly yours,

Colcen Capaz
Associate Paralegal

cc: P. Gray
R. Newman
D. Wilson

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ACCOUNT NO. : 072100000032
REFERENCE : 861006 5045907
AUTHORIZATION : Patricia Pijnt
COST LIMIT : \$ 150.00

ORDER DATE : June 18, 1998
ORDER TIME : 11:15 AM
ORDER NO. : 861006-005
CUSTOMER NO: 5045907
CUSTOMER: Coleen Capaz, Legal Asst
Mobilecomm
One Executive Drive
Suite 500
Fort Lee, NJ 07024

ANNUAL REPORT FILING

200002565302--1

NAME: MOBILECOMM NATIONWIDE
OPERATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS:

RECEIVED
98 JUN 19 AM 10:40
DIVISION OF CORPORATION