

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90134 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F92000000789**

1. Corporation Name  
**MOBILECOMM NATIONWIDE OPERATIONS, INC.**

Principal Place of Business ONE EXECUTIVE DRIVE, SUITE 500 FORT LEE NJ 07024	Mailing Address ONE EXECUTIVE DRIVE, SUITE 500 FORT LEE NJ 07024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1992</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number <b>64-0821546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				<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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDI, JOSEPH A	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	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAWERT, RONALD R	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	SVCF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, DAVID R	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	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, PATRICIA A	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	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, JAMES M	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	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT/CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VITO PAUZELLA
STREET ADDRESS		6.3 STREET ADDRESS	ONE EXECUTIVE DRIVE SUITE 500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT LEE, NJ 07024

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, with all other like empowered.

SIGNATURE: VITO PAUZELLA Date: 2/22/99 Daytime Phone #: (201) 224-9200

CR2E034 (1/198)