

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 017 \*\*\*150.00

**DOCUMENT # F94000005369**

1. Entity Name  
**SKYTEL CORP.**

Principal Place of Business <b>SECURITY CENTRE, SOUTH BUILDING          200 SOUTH LAMAR STREET          JACKSON MS 39201</b>	Mailing Address <b>P.O. BOX 2469          STE#100          JACKSON MS 39225-2469          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country <b>US</b>

4. FEI Number **64-0848625** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>STUPKA, JOHN T</b> <b>200 S LAMAR ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>HUDSON, TERRI</b> <b>200 S LAMAR ST</b> <b>JACKSON MA 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>KRISS, LEONARD G</b> <b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b> <b>JACKSON MS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>FERGUSON, THOMAS R</b> <b>200 S LAMAR ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BERNARD EBBERS</b> <b>500 Clinton Center Dr.</b> <b>Clinton, MS 39056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WALTER NAGEL</b> <b>1133 19th ST NW</b> <b>WASHINGTON DC 20036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCOTT SULLIVAN</b> <b>500 Clinton Center Dr.</b> <b>Clinton, MS 39056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **4/24/00** **202-736-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/99)