

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90209 033 ***150.00

0620664 AT

DOCUMENT # F94000005369

1. Entity Name
SKYTEL CORP.



Principal Place of Business
~~566 CLINTON CENTER DRIVE~~
~~CLINTON MS 39056~~
~~US~~

Mailing Address
1133 19TH STREET N.W.
WASHINGTON DC 20036



2. Principal Place of Business
22001 LOUDOUN COUNTY PKWY

3. Mailing Address
Suite, Apt. #, etc.
DEPT. 8408

City & State
ASHBURN VA

City & State
City & State

Zip
20147

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

4. FEI Number **64-0848625**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent:

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBERS, BERNARD J		NAME	<i>SEE</i>	
STREET ADDRESS	500 CLINTON CENTER DR.		STREET ADDRESS		
CITY-ST-ZIP	CLINTON MS 39056		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<i>ATTACHED</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SCOTT D		NAME	<i>OFFICERS</i>	
STREET ADDRESS	500 CLINTON CENTER DR.		STREET ADDRESS		
CITY-ST-ZIP	CLINTON MS 39056		CITY-ST-ZIP		
TITLE	VPGT	<input checked="" type="checkbox"/> Delete	TITLE	<i>LIST</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, WALTER		NAME		
STREET ADDRESS	1133 19TH STREET N.W.		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael H. Salsbury* **MICHAEL SALSBUARY** *4/30/03* *(202) 736-6362*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

FG4000053109

11033817

OFFICERS LIST

SKYTEL CORP.

President & CEO

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Vice President & Treasurer

Susan Mayer
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Secretary

Michael Salsbury
22001 Loudoun County Pkwy.
Ashburn, VA 20147

DIRECTOR

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147