

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90002 016 ***550.00

DOCUMENT # F98000006905

1. Corporation Name

Trinity Wireless Services, Inc.

Principal Place of Business

Mailing Address (same)

4950 N. O'Connor Road, Suite 235
Irving, TX 75062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

December 17, 1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26 (same)

75-2737906

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1202 Hays Street
Tallahassee, FL 32301

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 N/A

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 Co-Chairman/Director ☒ DELETE
NAME Stan T. Waldrop
STREET ADDRESS 4950 N. O'Connor Rd; Ste.235
CITY-ST-ZIP Irving, TX 75062

1.1 TITLE Chairman/Director ☒ Change ☐ Addition
1.2 NAME John W. Day
1.3 STREET ADDRESS 4950 N. O'Connor Rd, Ste. 235
1.4 CITY-ST-ZIP Irving, TX 75062

TITLE Secretary ☒ DELETE
NAME Donald H. Seifman
STREET ADDRESS P.O. Box 152
CITY-ST-ZIP McLean, VA-22101-0152

2.1 TITLE Vice President/Secretary ☒ Change ☒ Addition
2.2 NAME Tracy A. Schrader
2.3 STREET ADDRESS 4950 N. O'Connor Rd, Ste. 235
2.4 CITY-ST-ZIP Irving, TX-75062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Richard H. Gray
3.3 STREET ADDRESS 4950 N. O'Connor Rd, Ste. 235
3.4 CITY-ST-ZIP Irving, TX 75062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy A. Schrader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy A. Schrader 9-16-99 972.791.1727

Date

Daytime Phone #

CR2E034 (11/98)