


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

FILED
Apr 06 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P32583 (7)
 1. Corporation Name
EDS PERSONAL COMMUNICATIONS CORPORATION



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| Principal Place of Business 5400 LEGACY DRIVE H1 4A 66 PLANO TX 75024 | Mailing Address 5400 LEGACY DRIVE H1 4A 66 PLANO TX 75024 |
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1990

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|---|--|---|---------------------------------------|
| 2. Principal Place of Business 21 5400 LEGACY DR Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | 4. FEI Number 04-2923377 | Applied For Not Applicable |
| 22 City & State 23 PLANO TX | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 Zip 75024 | 25 Country US | 28 Zip | 29 Country |
| 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. \$5.00 May Be Added to Fees | |

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| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP HARRIS, JOHN R 5400 LEGACY DR. PLANO TX <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P/D CHARLES H. ANSLEY 5400 LEGACY DR PLANO TX 75024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CUSHMAN, JEFFREY D. 5400 LEGACY DR. PLANO TX <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | S SHIRLEY J. MARBLE 5400 LEGACY DR PLANO TX 75024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BENAC, WILLIAM P 5400 LEGACY DR. PLANO TX <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | AT R. RANDALL CAPPS 5400 LEGACY DR. PLANO TX 75024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEONARD, BRUCE T. 5400 LEGACY DR. PLANO TX <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Y TERRY B. CLARK 5400 LEGACY DR. PLANO TX 75024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASTLE JR, JOHN R 5400 LEGACY DR. PLANO TX <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT BARTON, BARBARA 5400 LEGACY DR. PLANO TX <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Barbara Barton* **Barbara Barton 3-27-98 972/605-1200**

CP2E034 (10/97)