

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V70161 (7)**
1. Corporation Name
U.S. DIGITAL, INC.



Principal Place of Business: **% NEXTEL 201 RT 17 NORTH RUTHERFORD NJ 07070 US**
Mailing Address: **C/O NEXTEL 201 ROUTH 17. N. RUTHERFORD NJ 07070-2574 US**

3. Date Incorporated or Qualified: **10/07/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3163976**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent (81-85)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MORGAN E.	
STREET ADDRESS	800 CONNECTICUT AVE., N.W., SUITE 1001	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCAULEY, BRIAN D.	
STREET ADDRESS	201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	MARKELL, JACK A.	
STREET ADDRESS	201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VPTS	<input checked="" type="checkbox"/> DELETE
NAME	LONG, ELIZABETH G.	
STREET ADDRESS	201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VELE, JOHN A.	
STREET ADDRESS	201 RT 17 N	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HICKEY, THOMAS D.	
STREET ADDRESS	201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD N.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE-CHAIRMAN, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'BRIEN, MORGAN E.	
1.3 STREET ADDRESS	800 CONNECTICUT AVE., N.W., SUITE 1001	
1.4 CITY-ST-ZIP	WASHINGTON DC 20006	
2.1 TITLE	VICE-CHAIRMAN, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCAULEY, BRIAN D.	
2.3 STREET ADDRESS	201 ROUTE 17 NORTH	
2.4 CITY-ST-ZIP	RUTHERFORD, N.J. 07070	
3.1 TITLE	VICE-PRESIDENT, GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS J. SIDMAN	
3.3 STREET ADDRESS	201 ROUTE 17 NORTH	
3.4 CITY-ST-ZIP	RUTHERFORD, N.J.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CHAIRMAN, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANIEL AKERSON	
5.3 STREET ADDRESS	800 CONNECTICUT AVE., N.W., SUITE 1001	
5.4 CITY-ST-ZIP	WASHINGTON, D.C. 20006	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: **X** *[Signature]* **JOHN A. VELE** 4/22/96 (201)438-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)