

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P32583 (7)

1. Corporation Name:

EDS PERSONAL COMMUNICATIONS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 7 PM 2: 32

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1990	3a. Date of Last Report 05/01/1994
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	27 City & State	4. FEI Number 04-2923377	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

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	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOHN R	1.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDONIS, PAUL R.	2.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENAC, WILLIAM P	3.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNOLO, MARK F.	4.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, LARRY L	5.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, JEFFREY M	6.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	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)(b), 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: X *Larry L. Ramsey* Larry L. Ramsey

1/31/95 (214) 605-1000

SIGNATURE NOT TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR