FILE	NOW: FILING FEE	AFTER MAY 1 IS		トカ	
COR	PROFIT PORATION JAL REPORT	Secretary	IMENT OF STATE  Mortham  y of State  ORPORATIONS		
	1996	xxxxxx	_		
DOCUMENT # + 9.500003081 1. Corporation Name AT+T WITELESS PCS INC					÷ ,
HT,	+1 WITELES	s f CS In	<i>L</i>		
		Mailing Address			••
412 MT. KEMBLE AVE 412 MT. KEMBLE AVE MORRISTOWN NJ 07962 MORRISTOWN NJ 07962					
				3. Date Incorporated or Qualified 3.	Date of Last Report
		2a. Mailing Address		22-3330080	Applied For  [Not Applicable
Suite, Asj. #, etc.		Suite, Agt. #, etc.	2 22/	5. Certificate of Status Desired	\$8.75 Additional
City & State	n S-245	City & State	245	6. Election Campaign Financing	Fee Required S5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for inter	Added to Fees
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	No ·
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	io. Name and Rodiess of Nam Hey.	eratara maganis
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 10	ys street 15		83		,
	ASSEE FL 32301		84 City		E) 85 Zo Code
•					F <b>L</b> { {
11. Pursuant to	to the provisions of Sections 607.05	02 and 607.1508, Flonda Statutes	, the above-named corpo	oration submits this statement for the purpos	e of changing its registered office
Or recister	to the provisions of Sections 607,05 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	onda. Such chande was authorized	t, the above-named corpo d by the corporation's boa	oration submits this statement for the purpos and of directors. I hereby accept the appointr	e of changing its registered office ment as registered agent. I am
or register familiar wit SIGNATURE	ed agent or both in the State of Fig	onda. Such change was authorized oction 507.0505, Flonda Statutes.	i, the above-named corpo d by the corporation's boat E. Registered Agent signature require	and of directors. I hereby accept the appoint	DATE
or registers familiar wit SIGNATURE	ed agent, or both, in the State of Fic th, and accept the obligations of, Se Signature, hold or priviled name of registered age	onda. Such change was authorized cition 607.0505, Florida Statutes.  And and use J applicable (NOTI DIRECTORS)	E Registered Agent signature required 13.	and or directors. Thereby accept the appoint	DATE
or register familiar wit SIGNATURE	ed agent, or both, in the State of Fic th, and accept the obligations of, Se Signature, hold or profestioned an OFFICERS A	onda. Such change was authorized oction 607.0505, Florida Statutes.	E Registered Agent signature required 13.	and of directors. I hereby accept the appoint	DATE RS AND DIRECTORS N 12
or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS	ed agent, or both, in the State of Fic In, and accept the obligations of, Se Signature, wood or provide name of registered age	onda. Such change was authorized cition 607.0505, Florida Statutes.	E Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and or directors. Thereby accept the appoint	DATE RS AND DIRECTORS N 12
or register familiar with SIGNATURE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature, hold or providing the or OFFICERS A TO HIS TOWN	and and title I sopication  ATT OF THE TOTAL STATE	E Properties of Agent signature required  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	and or directors. Thereby accept the appoint	DATE RS AND DIRECTORS N 12
or register familiar wit SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature, hold or providing the or OFFICERS A TO HIS TOWN	and and title I sopication  ATT OF THE TOTAL STATE	E Properties of Agent signature required  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	and or directors. Thereby accept the appoint	DATE RS AND DIFFECTORS N 12 Change Addition
or register familiar wit SIGNATURE _  12. TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or printed name of registered agency of the John History of the John Histor	IND DIRECTORS  IND DIRECTORS  IND DELETE	E Properties of Agent signature required  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	and or directors. Thereby accept the appoint	DATE RS AND DIFFECTORS N 12 Change Addition Change Addition
Or registery familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C TY-ST-ZIP TITLE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature, hold or providing the or OFFICERS A TO HIS TOWN	and and use 1 sept-cace INOTE  IND DIRECTORS  DELETE  LEAD SON  DELETE	E Properties of Agent Experience require  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	and or directors. Thereby accept the appoint	DATE RS AND DIFFECTORS N 12 Change Addition
Or register familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C TY-ST-ZIP C TY-ST-ZIP	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or printed name of registered agency of the John History of the John Histor	IND DIRECTORS  IND DIRECTORS  IND DELETE	E Amplifiered Agent Experience require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	and or directors. Thereby accept the appoint	DATE RS AND DIFFECTORS N 12 Change Addition Change Addition
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Or registery familiar wit  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or printed name of registered agency of the John History of the John Histor	Order Such Change was authorized cition 607.0505, Flonda Statutes.  And and use 1 sequence INOR IND DIRECTORS  OF THE STATE OF THE STAT	E Properties of Agent Expression's Documents  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 1 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4 1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4 4 CITY-ST-ZIP  5 1 TITLE  5 2 NAME  5 3 STREET ADDRESS	SOOO 1800  -04/30/9601015	Change Addition    Change   Addition
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Or registery familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signerus Hood or printed neme of registered agency of the John House of the John	ORLETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	E Properties of Agent adjustice required 13.  1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 6.1 TITLE 63 NAME 65 STREET ADDRESS 64 CITY-ST-ZIP 6.1 TITLE 65 NAME 65 STREET ADDRESS 64 CITY-ST-ZIP 66 STREET ADDRESS 64 CITY-ST-ZIP	SOOO 1800  -04/30/3601015  ***200.00	Change Addition    Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition
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## AT&T Wireless PCS Inc.

OFFICERS: Name	Title	Address
D. Carey	President	
M. J. Cinali	Vice President & Treasurer	
H. John Hokenson	Vice President & Secretary	131 Morristown Road Basking Ridge, NJ 07920
√E. E. Estey	Vice President	1120 20th Street NW Washington, DC 20036-3406
B. J. Brady	Vice President	1120 20th Street NW Washington, DC 20036-3406
G. Salemme	Vice President & Assistant Secretary	1120 20th Street NW Washington, DC 20036-3406
A. Quartner	Vice President & Assistant Secretary	
R. S. Feit	Assistant Secretary	131 Morristown Road Basking Ridge, NJ 07920
K. R. Cone	Assistant Secretary	5000 Carillon Point Kirkland, WA 98033
A. A. Duah	Assistant Secretary	412 Mt. Kemble Ave. Morristown, NJ
M. Davila	Assistant Secretary	412 Mt. Kemble Ave. Morristown, NJ
DIRECTORS:	Date of Taking Office	<u>Address</u>
D. Carey	March 29, 1996	
H. John Hokenson	October 20, 1994	131 Morristown Road Basking Ridge, NJ 07920