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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P32583** (7)
1. Corporation Name
EDS PERSONAL COMMUNICATIONS CORPORATION



Principal Place of Business: **5400 LEGACY DRIVE HI 4A 66 PLANO TX 75024**
Mailing Address: **5400 LEGACY DRIVE HI 4A 66 PLANO TX 75024-3105**

3. Date Incorporated or Qualified: **12/31/1990**
3a. Date of Last Report: **04/02/1996**
4. FEI Number: **04-2923377**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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)
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CP	<input type="checkbox"/> DELETE HARRIS, JOHN R 5400 LEGACY DR. PLANO TX	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	<input type="checkbox"/> DELETE CUSHMAN, JEFFREY D. 5400 LEGACY DR. PLANO TX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CUSHMAN, JEFFREY D.		2.2 NAME	
STREET ADDRESS: 5400 LEGACY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: PLANO TX		2.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE BENAC, WILLIAM P 5400 LEGACY DR. PLANO TX	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	<input checked="" type="checkbox"/> DELETE LEONARD, BRUCE T. 5400 LEGACY DR. PLANO TX	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LEONARD, BRUCE T.		4.2 NAME	VD CASTLE, JOHN R JR. 5400 LEGACY DRIVE PLANO TX
STREET ADDRESS: 5400 LEGACY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP: PLANO TX		4.4 CITY-ST-ZIP	
TITLE: AT	<input type="checkbox"/> DELETE CAPPS, R. RANDALL 5400 LEGACY DR. PLANO TX	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CAPPS, R. RANDALL		5.2 NAME	
STREET ADDRESS: 5400 LEGACY DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP: PLANO TX		5.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE HELLER, JEFFREY M 5400 LEGACY DR. PLANO TX	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HELLER, JEFFREY M		6.2 NAME	AT BARTON, BARBARA 5400 LEGACY DRIVE PLANO TX
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 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: *[Signature]* **BARBARA BARTON** Date: **4-2-97** (972) 605-1200

CR2E034 (9/96)