


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

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

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



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

3. Date Incorporated or Qualified  
**12/31/1990**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 <b>5400 LEGACY DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>PLANO TX</b>	27 City & State 28
24 Zip <b>75024</b> 25 Country <b>US</b>	29 Zip 30 Country

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

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
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
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
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
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
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

P/D CHARLES H. ANSLEY 5400 LEGACY DR PLANO TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S SHIRLEY J. MARBLE 5400 LEGACY DR PLANO TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AT R. RANDALL CAPPS 5400 LEGACY DR. PLANO TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Y TERRY B. CLARK 5400 LEGACY DR. PLANO TX 75024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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)