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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90134 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 295479

1. Corporation Name
MOBILECOMM OF FLORIDA, INC.

Principal Place of Business
**ONE EXECUTIVE DRIVE
SUITE 500
FORT LEE NJ 07024**

Mailing Address
**ONE EXECUTIVE DRIVE
SUITE 500
FORT LEE NJ 07024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1965

4. FEI Number

59-1197602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 ☐ DELETE
NAME **DCR**
STREET ADDRESS **BONDI, JOSEPH A**
CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE NJ 07024

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PCEO**
STREET ADDRESS **GRAWERT, RONALD R**
CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE NJ 07024

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SVC**
STREET ADDRESS **GIBSON, DAVID R**
CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE NJ 07024

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPS**
STREET ADDRESS **GRAY, PATRICIA A**
CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE NJ 07024

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PASCUCCI, JAMES M**
CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE NJ 07024

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VICE PRESIDENT / CONTROLLER**
6.3 STREET ADDRESS **VITO PANZELLA**
6.4 CITY-ST-ZIP **ONE EXECUTIVE DRIVE, SUITE 500**
FORT LEE, NJ 07024

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, with all other like empowered.

SIGNATURE:

VITO PANZELLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)