

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -7 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018824 AB

DOCUMENT # B00000000013

1. Entity Name

BELL ATLANTIC CELLULAR HOLDINGS, L.P.

Principal Place of Business

1717 ARCH STREET, 15TH FLOOR
PHILADELPHIA PA 19103

Mailing Address

1717 ARCH STREET, 15TH FLOOR
PHILADELPHIA PA 19103

2. Principal Place of Business

1095 Avenue of the Americas

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

New York, NY

City & State

4. FEI Number

22-3399184

Applied For

Not Applicable

Zip

10036

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$27,190,047.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F00000000444
NAME METRO MOBILE CTS OF CHARLOTTE, INC.
STREET ADDRESS 1717 ARCH STREET, 15TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1095 Avenue of the Americas

CITY-ST-ZIP

New York, NY 10036

STREET ADDRESS

CITY-ST-ZIP

800004916908--1

STREET ADDRESS

CITY-ST-ZIP

-02/13/02--01096--012

*****526.25 *****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul N. Kelly

VICE PRESIDENT

1/18/02

215-963-6343

CR2E003 (9/01)