
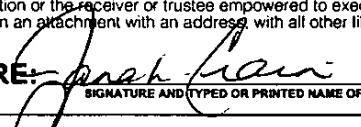


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90012 035 ***150.00

DOCUMENT # F00000000444 1. Entity Name METRO MOBILE CTS OF CHARLOTTE, INC.					
Principal Place of Business 1095 AVENUE OF THE AMERICA NEW YORK, NY 10036			Mailing Address 1717 ARCH STREE 15TH FLOOR PHILADELPHIA, PA 19103		
2. Principal Place of Business ONE Verizon Way Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc. 21st Floor		
City & State Basking Ridge, NJ Zip 07920 Country US			4. FEI Number 13-3249805		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROST, MARIANNE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE Verizon Way Basking Ridge, NJ 07920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEITMANN, WILLIAM F 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD DIERCKSEN, John W. 140 West Street New York, NY 10007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MARX, PHILIP R 1717 ARCH ST 32ND FLR PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 Arch St., 10th Floor		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARRITY, JANET M 3900 WASHINGTON ST 2ND FLOOR WILMINGTON, DE 19802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, PAUL N 1717 ARCH STREET, 15TH FLOOR PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V CRAIN, JANA L. 1717 Arch Street, 21st Floor Philadelphia, PA 19103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JANA L. CRAIN, Vice Pres-Taxes 2/10/06 215-466-4185 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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