

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001368

FILED
Jul 02, 2004
Secretary of State

Entity Name: CINGULAR WIRELESS FINANCE CORP.

Current Principal Place of Business:

5565 GLENRIDGE CONNECTOR
1750
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

5565 GLENRIDGE CONNECTOR
1750
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 04-3597583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SIGMAN, STANLEY T
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: COO () Delete
Name: FIEDLER, MARK L
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: DCFO () Delete
Name: LINDNER, RICK
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: V () Delete
Name: CARBONELL, JOAQUIN R
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: VS () Delete
Name: TACKER, CAROL L
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: V () Delete
Name: MCGAW, STEVE
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: DELAVEGA, RALPH
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: DCFO (X) Change () Addition
Name: RITCHER, PETE
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN J. WILDER

A/S

07/02/2004

Electronic Signature of Signing Officer or Director

_____ Date