

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001570

Entity Name: USA MOBILITY, INC.

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

4100 E 8TH AVE  
DENVER, CO 80220

**New Principal Place of Business:**

**Current Mailing Address:**

4100 E 8TH AVE  
DENVER, CO 80220

**New Mailing Address:**

FEI Number: 05-0547679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: MAHNCKE, PATRICK  
Address: 4100 E 8TH AVE  
City-St-Zip: DENVER, CO 80220

Title: ST ( ) Delete  
Name: MAHNCKE, BRUCE  
Address: 409 N. TEJON STREET  
City-St-Zip: COLORADO SPRINGS, CO 80903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: PATRICK MAHNCKE

CP

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date