

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004326

FILED
Apr 05, 2006
Secretary of State

Entity Name: CINGULAR WIRELESS CONSOLIDATED HOLDINGS, INC.

Current Principal Place of Business:

5565 GLENRIDGE CONNECTOR, SUITE 1725-B
ATLANTA, GA 30342

New Principal Place of Business:

5565 GLENRIDGE CONNECTOR
SUITE 1725B
ATLANTA, GA 30342

Current Mailing Address:

5565 GLENRIDGE CONNECTOR, SUITE 1725-B
ATLANTA, GA 30342

New Mailing Address:

5565 GLENRIDGE CONNECTOR
SUITE 1725B
ATLANTA, GA 30342

FEI Number: 26-0078109

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: FOLEY, SEAN P
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

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

Title: T () Delete
Name: FOLEY, SEAN P
Address: 5565 GLENRIDGE CONNECTOR
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: DE LA VEGA, RALPH
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CAROLYN WILDER

A/S

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date