

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004878 (5)

1. Corporation Name

MOBILE COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business

201 ROUTE 17 NORTH
RUTHERFORD NJ 07070

Mailing Address

201 ROUTE 17 NORTH
RUTHERFORD NJ 07070

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

22-3207254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and State Tax ID#

(If "B" Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MCAULEY, BRIAN D
STREET ADDRESS
201 RT 17 NORTH
CITY-STATE-ZIP
RUTHERFORD NJ

TITLE ☐ DELETE

NAME
O'BRIEN, MORGAN E
STREET ADDRESS
800 CONNECTICUT AVE, NW STE 1001
CITY-STATE-ZIP
WASHINGTON DC

TITLE ☒ DELETE

NAME
MARKELL, JACK A
STREET ADDRESS
201 RT 17 NORTH
CITY-STATE-ZIP
RUTHERFORD NJ

TITLE ☒ DELETE

NAME
LONG, ELIZABETH G
STREET ADDRESS
201 RT 17 NORTH
CITY-STATE-ZIP
RUTHERFORD NJ

TITLE ☒ DELETE

NAME
VELE, JOHN A.
STREET ADDRESS
201 RT 17 N
CITY-STATE-ZIP
RUTHERFORD NJ

TITLE ☒ DELETE

NAME
BOWEN, MARY ANN
STREET ADDRESS
201 RT 17 NORTH
CITY-STATE-ZIP
RUTHERFORD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

3. TITLE ☐ Change ☒ Addition

NAME
HICKEY, THOMAS
STREET ADDRESS
201 RT 17 NORTH
CITY-STATE-ZIP
RUTHERFORD NJ 07070

4. TITLE ☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN D. McAuley VPD 4/25/96

(201) 438-1400

CR2E034 (12/95)