

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90005 001 ***450.00

DOCUMENT # F94000000707

1. Entity Name
METROCALL, INC.

Principal Place of Business

6677 RICHMOND HWY.
 ALEXANDRIA VA 22306

Mailing Address

6910 RICHMOND HIGHWAY
 ALEXANDRIA VA 22306-1801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1215634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **JOHNSTON, RICHARD**
 CITY-ST-ZIP **114 PHEASANT DR**
PITTSBURGH PA 15238

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPCD**
 STREET ADDRESS **COLLINS, III, WILLIAM L**
 CITY-ST-ZIP **314 RIVER BEND RD**
GREAT FALLS VA 22066

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROCK, JR, HARRY L**
 CITY-ST-ZIP **314 S ST ASAPH ST**
ALEXANDRIA VA 22314

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SINGER, ELLIOTT H**
 CITY-ST-ZIP **24 INVERARAY**
NASHVILLE TN 37215

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CTVP**
 STREET ADDRESS **KELLY, VINCENT D**
 CITY-ST-ZIP **11807 CHAPEL RD**
CLIFTON VA 22024

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **WHITE, SHIRLEY B**
 CITY-ST-ZIP **810 BAINBRIDGE RD**
ALEXANDRIA VA 22308

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

Daytime Phone #

CR2E034 (9/99)