FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F94000001949 (6)

1. Corporation Name

SABER COMMUNICATIONS, INC.

Principal Place of Business

1109 N. BELTLINE HWY.
MOBILE AL 00
US

Mailing Address

C/O NEXTEL
201 ROUTE 17 N. 12TH FLOOR
RUTHERFORD NJ 07070-2574
US

3. Date Incorporated or Qualified: **04/14/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **63-1114447** ☐ Applied For ☐ Not Applicable

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

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

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

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TYPE	PD	☐ DELETE	1 TYPE		☐ Change ☐ Addition
NAME	MCAULEY, BRIAN D		2 NAME		
STREET ADDRESS	201 ROUTE 17 NORTH		3 STREET ADDRESS		
CITY ST ZIP	RUTHERFORD NJ 07070		4 CITY ST ZIP		
2 TYPE	VD	☐ DELETE	2 TYPE		☐ Change ☐ Addition
NAME	O'BRIEN, MORGAN E		2 NAME		
STREET ADDRESS	800 CONNECTICUT AVENUE NW SUITE 1001		3 STREET ADDRESS		
CITY ST ZIP	WASHINGTON DC 20006		4 CITY ST ZIP		
3 TYPE	AST	☐ DELETE	3 TYPE		☐ Change ☐ Addition
NAME	VELE, JOHN A		3 NAME		
STREET ADDRESS	201 ROUTE 17 NORTH		3 STREET ADDRESS		
CITY ST ZIP	RUTHERFORD NJ 07070		4 CITY ST ZIP		
4 TYPE	VAS	☑ DELETE	4 TYPE	V.P.	☐ Change ☑ Addition
NAME	MARKELL, JACK A		4 NAME	John Pescatore	
STREET ADDRESS	201 ROUTE 17 NORTH		4 STREET ADDRESS	201 Route 17 North	
CITY ST ZIP	RUTHERFORD NJ 07070		4 CITY ST ZIP	Rutherford, NJ 07070	
5 TYPE	CEO	☑ DELETE	5 TYPE	General Counsel and V.P.	☐ Change ☑ Addition
NAME	HICKS, WEYLAND R		5 NAME	Thomas Sidman	
STREET ADDRESS	201 ROUTE 17 NORTH		5 STREET ADDRESS	201 Route 17 North	
CITY ST ZIP	RUTHERFORD NJ 07070		5 CITY ST ZIP	Rutherford, NJ 07070	
6 TYPE	VTS	☑ DELETE	6 TYPE	AVP	☐ Change ☑ Addition
NAME	LONG, ELIZABETH G		6 NAME	John Willmeth	
STREET ADDRESS	201 ROUTE 17 NORTH		6 STREET ADDRESS	201 Route 17 North	
CITY ST ZIP	RUTHERFORD NJ 07070		6 CITY ST ZIP	Rutherford, NJ 07070	

14. I do hereby certify that the information supplied with this final, voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added above.

SIGNATURE: ✓ John A Vele ASST. TREAS. 1/17/96 (201) 438-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)