FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
AND
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # F94000003414 (9)

1. Corporate Name

MAP MOBILE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
840 GREENBRIER CIRCLE SUITE 202 CHESAPEAKE VA 23320	840 GREENBRIER CIRCLE SUITE 202 CHESAPEAKE VA 23320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or: (22) (27)
City & State: (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 22-3064901 ☐ 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 § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 Section 607.0502 and 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MORRISON, GARRY	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	MORRISON, ENE D	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BERESFORD, PETER	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WARD, WILLIAM	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HUMPHRY, BRONWYN	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FOREMAN, SHEILA	NAME	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	CITY-ST-ZIP	

14. I/We hereby certify that the information indicated on this report or supplemental report is true and accurate and that my/our 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 I am aware any false information submitted in a document to the Department of State for purposes of obtaining a state issued certificate of authority pursuant to Section 837.012, Florida Statutes, may result in the imposition of penalties described in Section 775.082, Florida Statutes, Section 775.083, Florida Statutes, or Section 775.084, Florida Statutes.

SIGNATURE: GARRY J. MORRISON 4/24/95 804 424-1191

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

0488838 FN