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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002001

1. Corporation Name

CELLULAR TECHNICAL SERVICES COMPANY, INC.

21 26 11-2962080 Not A Suite, Apt. #, etc. 22 SUITE 400 27 SUITE 400 City & State City & State 6. Election Campaign Financing 75.00 M. Zip Country Zip Country 8. This corporation owes the current year Intangible 724 25 29 30 Personal Property Tax. Yes 74 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 11-2962080 Not A 5. Certifcate of Status Desired 58.75 Add Fee Requirements Agent 5. Country 8. This corporation owes the current year Intangible 74 Personal Property Tax. Yes 75 Personal Property Tax. Yes 75 Personal Property Tax. Yes 75 Personal Property Tax. Yes 76 Personal Property Tax. Yes 76 Personal Property Tax. Yes 76 Personal Property Tax. Yes 77 Personal Property Tax. Yes 76 Personal Property Tax. Yes 77 Personal Property Tax. Yes 77 Personal Property Tax. Yes 78 Personal Property Tax. Yes 78 Personal Property Tax. Yes 78 Personal Property Tax. Yes 79 Personal Pro	red ly Be
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1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL '33324	
84 City FI 85 Zip Co	le
	rictored
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 re 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 regis	ered
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 title if applicable, (NOTE: Registered Agent signature required when reinstating)	W 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TIME D DELETE 1.1 TIME Change	Addition
) Mile U	
NAME SCHOENBERG, LAWRENCE 12 NAME	
STREET ADDRESS 2401 4TH AVE, STE 808 1.3 STREET ADDRESS	ļ
CITY-ST-ZIP SEATTLE WA 98121 14 CITY-ST-ZIP Change	Addition
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NAME SUGAMELE, KYLE 22 NAME	
STREET ADDRESS 2401 4TH AVENUE 23 STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 2.4 CITY-ST-ZIP	
TITLE VT Change	Addition
NAME MCCONNELL, MICHAEL 32 NAME BRUCE YORK	
SINCE ADDRESS A 11 11 11 11 11 11 11 11 11 11 11 11 1	
CITY-ST-ZIP SEATTLE WA 98121	
TITLE D □ DELETE 4.1 TITLE □ Change	☐ Addition
NAME PORTER, JAMES 4.2 NAME	ļ
STREET ADDRESS 2401 4TH AVE, STE 808 4.3 STREET ADDRESS	
CITY-ST-ZIP SEATTLE WA 98121 4.4 CITY-ST-ZIP	
TITLE DP DELETE 5.1 TITLE YD	Addition Addition
701 NER WILLIAM 52 NAME JOYCE JONES	
STREET ADDRESS 2401 4TH AVE STE 808 53 STREET ADDRESS 2401 4TH AVE STE 400	
CITY-ST-ZIP SEATTLE WA 98121 54CITY-ST-ZIP SEATTLE WA 98121	
TITLE VP OCENTE WAS SOLETE 6.1 TITLE Change	☐ Addition
MANUE FISTON STEPHEN 62 NAME	
STREET ADDRESS 2401 4TH AVE STE 400 CITY-ST-ZIP SEATTLE WA 33.5TREET ADDRESS Z40.1 4TH AVE STE 400 SEATTLE WA 34.CITY-ST-ZIP SEATTLE WA 98.1 2.1 TITLE D DELETE 4.1 TITLE DOOTTED 14450 Change	☐ Addition

14. J 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

2401 4TH AVE, STE 808

SEATTLE WA 98121