

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003734 (9)

1. Corporation Name

U S WEST PCS SERVICES, INC.



Principal Place of Business

Mailing Address

7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO 80111

7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO 80111

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

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

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 607.1508, 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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LULLIS, CHARLES M
STREET ADDRESS 7800 EAST ORCHARD ROAD., STE 200
CITY-ST-ZIP ENGLEWOOD CO

DELETE

TITLE S
NAME JAPHA, BARBARA M
STREET ADDRESS 7800 EAST ORCHARD ROAD., STE 480
CITY-ST-ZIP ENGLEWOOD CO

DELETE

TITLE AS
NAME HIJAR, GLENDA M
STREET ADDRESS 7800 EAST ORCHARD ROAD., STE 480
CITY-ST-ZIP ENGLEWOOD CO

DELETE

TITLE AS
NAME STEPHENS, TERRY K
STREET ADDRESS 7800 EAST ORCHARD ROAD., STE 480
CITY-ST-ZIP ENGLEWOOD CO

DELETE

TITLE VT
NAME PETERS, JANICE C
STREET ADDRESS 3350 161ST AVENUE, S.E.
CITY-ST-ZIP BELLEVUE WA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

S Roellig, Mark D. Change Addition

7800 East Orchard Road, Suite 200
Englewood, CO 80111

Change Addition

Change Addition

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SIGNATURE:

Glenda M. Hajar

Glenda M. Hajar

7/11/96

(303) 792-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR