## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

•	JAL REPORT 1998	Secretary DIVISION OF CO		Secretary of	of State
	MENT # F9500 ICH PCS HOLDING, INC.	00004930 (2)			
, , , , , ,	ort too trocoma, mo-				HALIF BYBLE (BLOCK HEILT BAY) (BA)
Principal Place	e of Business	Mailing Address			1840) BJAJA SALAN ALIAL ANDI 1601
ONE CALIFORNIA ST		ONE CALIFORNIA ST 21ST FLOOR			
21ST FLOOR SAN FRANSICO CA 94111		SAN FRANSICO CA 94111		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 10/11/1995	
2. Principal P	lace of Business	28. Mailing Address		4. FEI Number	Applied For
21		[26]		94-3232891	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		8. Election Campaign Financing	\$5.00 May Be
23	·—————————————————————————————————————	28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zφ [29]	Country	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24	9. Name and Address of Curr		50	10. Name and Address of New Registers	
TH	E PRENTICE-HALL CORPORAT	TION SYSTEM, INC.	81 Name		
	1 HAYS STREET		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
SUITE 105 TALLAHASSEE FL 32301					
1/4	LDANASSEE FL 32301				
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	1502 and 607 1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent. La	m familiar with, and accept the ob-	ligations of, Section 607 0505, Flor	ida Statutes.	anorts board or directors, Thereby accept the a	ppointment as registered
SIGNATURE	Signature typed or prested name of registered	ment and but it work about (NCMF	Registered Agent signature requ	uired when reinstating) DATE	
12.	And the second of the second o	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GINN, SAM	PATIL FLAAR	1.2 NAME		);
STREET ADDRESS	ONE CALIFORNIA STREET, SAN FRANCISCO CA 9411		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	VI	DELETE	1.4 C4TY - ST - ZIP 2.1 THTLE		Change Addition
NAME	GYANI, MOHAN S		22 NAME		
STREET ADDRESS	ONE CALIFORNIA STREET		2.3 STREET ADDRESS		j
CITY-SI-ZIP	SAN FRANCISCO CA		2. 4 CITY-ST-ZIP		
TITLE	s Sleeth, Walter J	DELETE	3.1 TITLE		Change Addition
NAME CIDELL ADDOLOG	ONE CALIFORNIA STREET		3.2 NAME		Ì
STREET ADDRESS CITY-ST-ZIP	SAN FRANCISCO CA		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	AS	DELFTE	4.1 TITLE		Change Addition
NAME	VEACO, KRISTINA		4. 2 NAME		j
STREET ADDRESS	ONE CALIFORNIA STREET		4 3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	T sucre	4.4 CITY-ST-ZIP		
TITLE	AT SOOPER, MARTIN	DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS	ONE CALIFORNIA STREET		5 2 NAME 5 3 STREET ADDRESS		ł
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	·	Change Addition
NAME	SARIN, ARUN		6.2 NAME		j
STREET ADDRESS	ONE CALIFORNIA STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		6.4 CITY - ST - ZIP		!

14. Thereby 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 arrival report or 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 arrival report or supplied 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 deporation 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.

SIGNATURE:

Kristina Veac 2/12/1998 (415) 658–2084

FILED

Feb 18 1998 8:00am