

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004930

1. Entity Name

AIRTOUCH PCS HOLDING, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90010 023 ***150.00

Principal Place of Business

Mailing Address

ONE CALIFORNIA ST
21ST FLOOR
SAN FRANCISCO CA 94111

ONE CALIFORNIA ST
21ST FLOOR
SAN FRANCISCO CA 94111-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3232891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GINN, SAM	
STREET ADDRESS	ONE CALIFORNIA STREET, 30TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GYANI, MOHAN S	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SLEETH, WALTER J	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LE DUY, SHARON	
STREET ADDRESS	1CAKUFIRBIA ST, 21ST FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SOOPER, MARTIN	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARIN, ARUN	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	D/VP/T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD LANGSTON	
STREET ADDRESS	ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIK YOUNG	
STREET ADDRESS	ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY CALIGARI	
STREET ADDRESS	ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE SHUFORD	
STREET ADDRESS	ONE CALIFORNIA STREET, 21st FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY KRAMER	
STREET ADDRESS	ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARUN SARIN	
STREET ADDRESS	ONE CALIFORNIA STREET, 30th FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne Shuford

Anne Shuford, Asst. Secretary

1/19/2000 (415) 658-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)