

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90158 036 ***150.00

DOCUMENT # F95000005288

1. Entity Name

BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.



Principal Place of Business

**1095 AVE OF THE AMERICAS
NEW YORK NY 10036
US**

Mailing Address

**1717 ARCH STREET
15TH FLOOR
PHILADELPHIA PA 19103
US**

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

23-2696501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90033254



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BENSON, DAVID
STREET ADDRESS 1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DROST, MARIANNE
STREET ADDRESS 1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME GARRITY, JANET M
STREET ADDRESS 3900 WASHINGTON ST 2ND FLOOR
CITY-ST-ZIP WILMINGTON DE 19802

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KELLY, PAUL N
STREET ADDRESS 1717 ARCH STREET, 15TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME GRAFTON, BARBARA E
STREET ADDRESS 1095 AVE. OF THE AMERICAS, ROOM 3877
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1717 Arch Street, 32nd Fl.
CITY-ST-ZIP Philadelphia, PA 19103

TITLE D ☐ Delete
NAME HEITMANN, WILLIAM F
STREET ADDRESS 1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL N. KELLY

VICE PRESIDENT-TAXES

Date

2/14/03

Daytime Phone #

215-963-6343

CR2E034 (10/02)