

F 95000005532

CORPORATION SYSTEM  
Requester's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone  
904-222-1092  
CORPORATION(S) NAME

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of P.A.  
☐ Fictitious Name  
☐ CUS/ G/S  
☐ After 4:30  
☒ Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. NYNEX PCS Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 13-3762382

(FEI number, if applicable)

4. March 10, 1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 2000 Corporate Drive, Orangeburg, New York 10962

(Current mailing address)

8. To provide telecommunications services

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Margaret Bertosen  
(Registered agent's signature) (Officer)

MARGARET BERTOSEN, ASSISTANT SECRETARY

(Type Name and Title of Officer)

11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12 Names and addresses of officers and/or directors

A DIRECTORS

Chairman Colin P. Watson

Address: 1113 Westchester Avenue

White Plains, New York 10604

Vice Chairman: Andrew Coticchio

Address: 1111 Westchester Avenue

White Plains, New York 10604

Director: Christopher M. Bennett

Address: 1113 Westchester Avenue

White Plains, New York 10604

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: See attached list of officers

Address: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

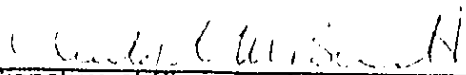
Address: \_\_\_\_\_

\_\_\_\_\_

Treasurer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE If necessary, you may attach an addendum to the application listing additional officers and/or directors

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christopher M. Bennett, Vice President and Secretary  
(Typed or printed name and capacity of person signing application)

Appendix to Florida  
Application by Fgn Corp for Authorization to Transact Business in Florida

**Officers of  
NYNEX PCS Inc.**

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1. John L. Watson, President  
1113 Westchester Avenue  
White Plains, New York 10604
2. Christopher M. Bennett, Vice President and Secretary  
1113 Westchester Avenue  
White Plains, New York 10604
3. June Schiffman, Assistant Secretary  
1113 Westchester Avenue  
White Plains, New York 10604
4. Joseph A. Tomitz, Treasurer  
1095 Avenue of the Americas  
New York, New York 10036
5. Andrew Coticchio, Vice President and Comptroller  
1111 Westchester Avenue  
White Plains, New York 10604
6. Patrick Dentico, Assistant Comptroller  
1111 Westchester Avenue  
White Plains, New York 10604
7. Richard Weiss, Assistant Comptroller  
1111 Westchester Avenue  
White Plains, New York 10604

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NYNEX PCS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF NOVEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Edward J. Freel*  
Edward J. Freel Secretary of State

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11-10-95

# F95000005532

## STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: NYNEX PCS, INC. EIN or SSN: 13-3762382

Address: 111 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

Amount: \$150.00 Date Paid \_\_\_\_\_

Reason for claim: F95000005532 OVERPAYMENT

Certified true and correct this 16 day of Sept, 1996.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim: \_\_\_\_\_

The amount requested above was originally deposited into the State Treasury on \_\_\_\_\_

State Treasurer's Receipt No. \_\_\_\_\_

Name of Account \_\_\_\_\_

45202130001453000000000000000000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from the following account:

NAME OF ACCOUNT \_\_\_\_\_

452021300014530000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_

Department of State, Division of Corporations

(Name) \_\_\_\_\_ (Authorized Signature and Title) \_\_\_\_\_