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 # **F95000005532 (5)**

1. Corporation Name
NYNEX PCS INC.

Principal Place of Business	Mailing Address
2000 CORPORATE DRIVE ORANGEBURG NY 10962	2000 CORPORATE DRIVE ORANGEBURG NY 10962

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1111 WESTCHESTER AVE	26 1111 WESTCHESTER AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WHITE PLAINS N.Y.	City & State 28 WHITE PLAINS N.Y.
Zip 24 10604 Country 25 U.S.A.	Zip 29 10604 Country 30 U.S.A.

4. FEI Number: 13-3762382 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, COLIN P		1.2 NAME		
STREET ADDRESS	1113 WESTCHESTER AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		1.4 CITY-ST-ZIP		
TITLE	VCC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COTICCHIO, ANDREW		2.2 NAME		
STREET ADDRESS	1111 WESTCHESTER AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		2.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, CHRISTOPHER M		3.2 NAME		
STREET ADDRESS	1113 WESTCHESTER AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHIFFMAN, JUNE		4.2 NAME		
STREET ADDRESS	1113 WESTCHESTER AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOMITZ, JOSEPH A		5.2 NAME	000001925390	
STREET ADDRESS	1095 AVENUE OF THE AMERICAS		5.3 STREET ADDRESS	-08/19/96--01016--019	
CITY-ST-ZIP	NEW YORK NY 10036		5.4 CITY-ST-ZIP	***375.00	
TITLE	AC	☒ DELETE	6.1 TITLE	AC	☐ Change ☒ Addition
NAME	DENTICO, PATRICK		6.2 NAME	ROSLYN GRIGOLEIT	
STREET ADDRESS	1111 WESTCHESTER AVENUE		6.3 STREET ADDRESS	1111 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604		6.4 CITY-ST-ZIP	WHITE PLAINS NY 10604	8/19/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roslyn G. Grigoleit 8/5/96 914-644-6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Comptroller