

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1095 6TH AVENUE  
NEW YORK NY 10036  
US

1095 6TH AVENUE  
NEW YORK NY 10036  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

13-3762382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, COLIN P	
STREET ADDRESS	1095 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VCC	<input type="checkbox"/> DELETE
NAME	COTICCHIO, ANDREW	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10804	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BENNETT, CHRISTOPHER M	
STREET ADDRESS	1113 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10804	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SCHIFFMAN, JUNE	
STREET ADDRESS	1113 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10804	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TOMITZ, JOSEPH A	
STREET ADDRESS	1095 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	GRIGOLEIT, ROSLYN	
STREET ADDRESS	1111 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1095 AVE OF THE AMERICAS
2.4 CITY-ST-ZIP	NEW YORK NY 10036
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	1095 AVE OF THE AMERICAS
3.4 CITY-ST-ZIP	NEW YORK NY 10036
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	DARLENE D. KLEINER
4.4 CITY-ST-ZIP	1095 AVE OF THE AMERICAS
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ABST. COMPTROLLER
5.3 STREET ADDRESS	RICHARD WEISS
5.4 CITY-ST-ZIP	1095 AVE OF THE AMERICAS
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)