PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005532 1. Corporation Name

NYNEX PCS INC.

Mailing Address

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90032 046 ***150.00



Principal Place	of Business	Mailing Address			
1095 6TH AVEN	UE	1095 6TH AVENUE			
NEW YORK NY	10036	NEW YORK NY 10036			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					· · · · · · · · · · · · · · · · · · ·
		1 a - 14-11 - Add			11/13/1995 4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address 26 1717 Arch 54			
21 /09.5	Avenue of the Americans	Suite, Apt. #, etc.			13-3762382 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	- 1 m 1 h m 1			5. Certificate of Status Desired Fee Required
22					
City & State 23 Heavy	ORK, NY	City & State 28 PhilA delph			6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	_ //	Country		This corporation owes the current year Intangible
24 /003	6 25	29	19	103	Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)
	SOUTH PINE ISLAND ROAD			0.1001.	
PLAN	ITATION FL 33324		83	1	
			84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, tl	he above	e-named	t corporation submits this statement for the purpose of changing its registered
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	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VCC	DELETE	1.1 TITLE		Assistant Trenscret Change Addition
NAME	COTICCHIO, ANDREW	ŕ	1.2 NAME		And N. Kelly
STREET ADDRESS	1095 AVE OF THE AMERICAS		1.3 STREET	ADDRESS	1717 Anh St., 15th FI
	NEW YORK NY 10036		1.4 CITY-ST	-71P	Phila PA 19103 President Chief Execution Office Change Addition
CITY-ST-ZIP	P	▼ DELETE	2.1 TITLE		President . Chief Executive Office Change Addition
	BENNETT, CHRISTOPHER M	′ -	2.2 NAME		Dennis F. Strigt
NAME			-		
STREET ADDRESS	1095 AVE OF THE AMERICAS		2.3 STREET		
CITY-ST-ZIP	NEW YORK NY 10036	Ø ost see	2. 4 CITY-S	T- ZIP	Scientifical Change Addition
TITLE	S	DELETE	3.1 TITLE		Jecrefory Addition Tother E. Chynaweth 1717 Arch St., 2914 F1
NAME	KLEINER, KARLENE D		3.2 NAME		John E. Chyndwern
STREET ADDRESS	1095 AVE OF THE AMERICAS		3.3 STREET	ADDRESS	1717 Arch St, Starr
CITY-ST-ZIP	NEW YORK NY 10036		3.4. CITY+S		Ph.1A PA 19103
TITLE	AC	☐ DELETE	4.1 TITLE		Assistant Trensurer Addition
NAME	WEISS, RICHARD	· ·	4. 2 NAME		Richard Weiss
STREET ADDRESS	1095 AVE OF THE AMERICAS	1	4.3 STREET	ADDRESS	1095 Avenue of the Americas
CITY-ST-ZIP	NEW YORK NE 10036		4.4 CITY-S		New York NY 10036
TITLE	.3	☐ DELETE	5.1 TITLE		Director Change Addition
1	2"	_	5.2 NAME	-	December of Mulety
NAME			5.3 STREET	ADDRESS	Dermett O. Murphy 1717 Arch St. 29 th FI
STREET ADDRESS			5.4 CITY-S		Phila PA 19103
CITY-ST-ZIP			6.1 TITLE		
TITLE			6.2 NAME	-	
NAME		i		LADODECC	Ellen C Will
STREET ADDRESS			6.3 STREET	ADURESS	1717 Arch St. 47th FI Phila. PA 19103
CITY-ST-ZIP			6.4 CITY-ST	T- ZIP	Philo., PH 14103

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, with all other like empowered.

SIGNATURE: