

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 015 ***150.00

DOCUMENT # F95000005532

1. Entity Name
NYNEX PCS INC.



Principal Place of Business
**1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US**

Mailing Address
**1717 ARCH ST
15TH FL
PHILADELPHIA, FL 19103 US**

50016836



02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-3762382

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2005 Fee will be \$550.00**

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 **V** ☐ Delete
NAME **KELLY, PAUL N**
STREET ADDRESS **1717 ARCH ST., 15TH FL**
CITY-ST-ZIP **PHILADELPHIA, FL 19103**

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

TITLE **S** ☐ Delete
NAME **DROST, MARIANNE**
STREET ADDRESS **1095 AVE 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 STREET**
CITY-ST-ZIP **WILMINGTON, DE 19802**

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

TITLE **DAT** ☒ Delete
NAME **HEITMANN, WILLIAM F**
STREET ADDRESS **1095 AVE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☒ Addition
NAME **President/Director**
STREET ADDRESS **John W. Diercksen**
CITY-ST-ZIP **1095 Avenue of the Americas**
New York, NY 10036

TITLE **VAS** ☒ Delete
NAME **HEIMANN, STEPHEN B**
STREET ADDRESS **1717 ARCH ST 32ND FL**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul N. Kelly, Vice Pres-Tax

Date

Daytime Phone #

2/11/05 215-9103-16343