

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

00146

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000365			
1. Corporation Name POWERTEL, INC.			
Principal Place of Business 1233 O.G. SKINNER DR WEST POINT GA 31833 US		Mailing Address 1233 O.G. SKINNER DR WEST POINT GA 31833 US	
3. Date Incorporated or Qualified 01/22/1996			
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
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	DC	1.1 TITLE	Vice President - Controller
NAME	LANIER, CAMPBELL B III	1.2 NAME	Timothy B. Knight
STREET ADDRESS	1239 O.G. SKINNER DR.	1.3 STREET ADDRESS	1233 O.G. Skinner Dr.
CITY-ST-ZIP	WEST POINT GA 31833	1.4 CITY-ST-ZIP	West Point, GA 31833
TITLE	PD	2.1 TITLE	
NAME	SMITH, ALLEN E	2.2 NAME	
STREET ADDRESS	1233 O.G. SKINNER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	
NAME	ASTOR, FRED G JR	3.2 NAME	
STREET ADDRESS	1233 O.G. SKINNER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	MILLS, ROBERT K	4.2 NAME	Robert K. Mills, Jr.
STREET ADDRESS	1233 O.G. SKINNER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HODGES, JEFFREY W	5.2 NAME	
STREET ADDRESS	1233 O G SKINNER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	SCOTT, WILLIAM H III	6.2 NAME	
STREET ADDRESS	1239 O.G. SKINNER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #