

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

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F96000002688 (7)**  
1. Corporation Name  
**PCS MAIL SERVICE, INC.**



Principal Place of Business <b>2105 EAGLE PARKWAY FORT WORTH TX 76111</b>	Mailing Address <b>2105 EAGLE PARKWAY FORT WORTH TX 76177-2311</b>
--	---

3. Date Incorporated or Qualified <b>05/29/1996</b>	3a. Date of Last Report
4. FEI Number <b>APPLIED FOR 75-2653427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2105 EAGLE PARKWAY	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State FT. WORTH, TX	28 City & State
24 Zip 76177	30 Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLON, JEANE-PIERRE	1.2 NAME	JEAN-PIERRE
STREET ADDRESS	9501 EAST SHEA BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SCOTTSDALE AZ	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, THOMAS J	2.2 NAME	
STREET ADDRESS	9501 EAST SHEA BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SCOTTSDALE AZ	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKSTON, ARNOLD	3.2 NAME	
STREET ADDRESS	9501 EAST SHEA BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SCOTTSDALE AZ	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVROGORDATO, J M	4.2 NAME	
STREET ADDRESS	9501 EAST SHEA BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SCOTTSDALE AZ	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASSIST. SECRETARY
STREET ADDRESS		5.3 STREET ADDRESS	NATALIE SPENCER
CITY - ST - ZIP		5.4 CITY - ST - ZIP	9501 E. SHEA BOULEVARD SCOTTSDALE, AZ 85260
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Natalie Spencer **REQUIRED** 3-19-97 602-391-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)