2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600006220 1. Entity Name AMERICOM WIRELESS SERVICES, INC.								PLED .							
								9	1 -	-03 SE	PIO	AM 10: 3	39		
Principal Place 1150 ENTERF SUITE 100 COPPELL TX	PRISE DRIVE	ss	C/O 847	Mailing Address C/O SOLECTRON CORPORATION 847 GIBRALTAR DR., BLDG 5 MILPITAS CA 95035				* A	**************************************	.A 1811A B1111 B8511		OF STATE. FLORI		11 8 () 88 () (88)	
Principal Place of Business 3. Mailing Address															
Suite, Apt.	e, Apt. #, etc.				CHECK HERE IF MAKING CHANGES										
City & State			City	& State		<u></u>			Number	52-19847	64	-		plied For t Applicable	
Zip					Cour	Country				Status Desired		\$8.75 Fee Re			
	6. Name	and Address of Curre	nt Register	ed Agent		Name		7. Nam	e and Ad	idress of New	Register	ed Agent			
C T CORPORATION SYSTEM															
1200 SOUTH PINE ISLAND ROAD							et Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324									N	IN					
						City						FL Zip	Code	,	
8. The above	named entit	y submits this statement	for the purp	ose of changing its	register	L ed office o	r registere	ed agent,	or both, i	n the State of	_		vith, a	and accept	
the obligat	tions of regist	tered agent.							300	00229	930	223			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature.)								09	<u> </u>	301050	<u>1011</u>	**550))(<u> </u>	
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FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State See Cluck # 4 at . 8/28/03 attack							202 ed.			on Campaign Fund Contribut				May Be to Fees	
10.		OFFICERS AN	D DIRECTO		11.		(ANGES TO O	FFICERS.	AND DIREC	TORS	IN 11	
TITLE NAME	PD MITCHELL	., WILLIAM		Delete	TITLE NAM		MAR		NET I	0		Cha	nge	☐ Addition	
STREET ADDRESS	847 GIBR	altar dr.				ET ADDRESS				TAR DI					
CITY-ST-ZIP		CA 95035			CITY	-ST-ZIP	MIL			A 950	35				
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STREET ADDRESS	LEUNG, JULIO 847 GIBRALTAR DR.					: Et address	847	REN LIGAN GIBRALTAR DR.							
CITY-ST-ZIP		CA 95035			CITY	·ST-ZIP	MILP	ITAS	, CA	95035	5	_			
TITLE NAME	SD	AAN DODEDT		Delete	TITLE				I A DIE	RECTOR)		Char	nge	Addition	
STREET ADDRESS		<i>i</i> an, robert Altar dr			NAM! STRE	ET ADDRESS	847	GIBR	ALTA	FR DR.		ì			
CITY-ST-ZIP	MILPITAS					ST-ZIP	MILF	'ITA	5, C	A 950:	35	_			
TITLE				☐ Delete	TITLE		5 (SECR	ETAR	X)		Char	nge	Addition	
NAME STREET ADDRESS					NAME		MICH	HAEL	SRAI	TAR I	R.				
CITY-ST-ZIP				,		ET ADDRESS ST-ZIP				A 9503					
TITLE				☐ Delete	TITLE					SERET		Char	ige	Addition	
NAME				-	NAME	:	NITA	YA >	AMA	MOTO	''		•		
STREET ADDRESS CITY-ST-ZIP						ET AODRESS ST-ZIP	847	GIBA	ALTA	R DR:	•				
TITLE				☐ Delete	TITLE		MILPI	TAS,	C/A	95035)	☐ Char	ne.	Addition	
NAME	!			□ Deterig	NAME							∟ char	yc	☐ Addition	
STREET ADDRESS					B	T ADDRESS									
CITY-ST-ZIP		to to an artist of the second	h al-l - e			ST-ZIP									
of the corp	on this report poration or th	information supplied wit t or supplemental report e receiver or trustee emp chment with an address,	is true and a sowered to	accurate and that mexecute this report a	ıv sianat	ure shall ha	ave the sa	isoel ema	l effect as	if made under	r ∩ath∘ tha	t Iam an off	icar o	r director	