

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90205 044 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000002631

1. Corporation Name

PAGING NETWORK OF TENNESSEE, INC.  
PageNet, Inc.

Principal Place of Business

1000 LEGION PLACE  
#100  
ORLANDO FL 32801

Mailing Address

4965 PRESTON PARK BLVD.  
#800  
PLANO TX 75093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

62-1560954

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 14911 Quorum Dr.

27 Suite, Apt. #, etc.

28 600

29 City & State

30 Dallas, Tx

31 Zip Country

32 75240

33 34

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | P                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | FRAZEE, JOHN P JR             |  |
| STREET ADDRESS | 4965 PRESTON PARK BLVD., #800 |  |
| CITY-ST-ZIP    | PLANO TX 75093                |  |
| TITLE          | SVP                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | FROMBERG, BARRY A             |  |
| STREET ADDRESS | 4965 PRESTON PARK BLVD., #800 |  |
| CITY-ST-ZIP    | PLANO TX 75093                |  |
| TITLE          | VP                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | DIMARCO, MICHAEL              |  |
| STREET ADDRESS | 4965 PRESTON PARK BLVD., #800 |  |
| CITY-ST-ZIP    | PLANO TX 75093                |  |
| TITLE          | SVP                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCOTT, WILLIAM                |  |
| STREET ADDRESS | 4965 PRESTON PARK BLVD., #800 |  |
| CITY-ST-ZIP    | PLANO TX 75093                |  |
| TITLE          | S                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | FELDMAN, ROGER D              |  |
| STREET ADDRESS | 150 FEDERAL ST.               |  |
| CITY-ST-ZIP    | BOSTON MA 02110               |  |
| TITLE          | VPD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | WILLIAMS, RUTH                |  |
| STREET ADDRESS | 4965 PRESTON PARK BLVD. #800  |  |
| CITY-ST-ZIP    | PLANO TX 75093                |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |   |
|--------------------|-------------------------|---|
| 1.1 TITLE          | President               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Edward W. Mullinix, Jr. |   |
| 1.3 STREET ADDRESS | 14911 Quorum Dr. #600   |   |
| 1.4 CITY-ST-ZIP    | Dallas, TX 75240        |   |
| 2.1 TITLE          | Secretary               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Ruth Williams           |   |
| 2.3 STREET ADDRESS | 14911 Quorum Dr. #600   |   |
| 2.4 CITY-ST-ZIP    | Dallas, TX 75240        |   |
| 3.1 TITLE          | Treasurer               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | Julian Castelli         |   |
| 3.3 STREET ADDRESS | 14911 Quorum Dr. #600   |   |
| 3.4 CITY-ST-ZIP    | Dallas, TX 75240        |   |
| 4.1 TITLE          | Controller              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           | J. Barry Duncan         |   |
| 4.3 STREET ADDRESS | 14911 Quorum Dr. #600   |   |
| 4.4 CITY-ST-ZIP    | Dallas, TX 75240        |   |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                         |   |
| 5.3 STREET ADDRESS |                         |   |
| 5.4 CITY-ST-ZIP    |                         |   |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                         |   |
| 6.3 STREET ADDRESS |                         |   |
| 6.4 CITY-ST-ZIP    |                         |   |

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13 1999

(972)801-8124

Date

Daytime Phone #

CR2EN34 (11/98)