

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90073 031 \*\*\*150.00

**DOCUMENT # F99000000076**

1. Entity Name

**MOBILE COMMUNICATIONS CORPORATION OF AMERICA**

Principal Place of Business

**1800 WEST PARK DRIVE  
SUITE 250  
WESTBOROUGH MA 01581**

Mailing Address

**1800 WEST PARK DRIVE  
SUITE 250  
WESTBOROUGH MA 01581**

2. Principal Place of Business

**1800 West Park Dr**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3619446**Applied For  
Not Applicable5. 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 RD.  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CEO BAKER, C. EDWARD 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		
<b>COOP DANIELS, LYNDON 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		
<b>EV POTTE, J. ROY 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		
<b>CFO POTTE, J. ROY 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		
<b>VT CIMMINO, GERALD J 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		
<b>S GRAY, PATRICIA A 1800 WEST PARK DRIVE WESTBOROUGH MA 01581</b>	<input type="checkbox"/>		

13. 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 11 or Block 12 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

VP/Treasurer

Date

Daytime Phone #

508-870-6700

CR2E034 (10/00)