## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State DOCUMENT # F99000000076 1. Entity Name MOBILE COMMUNICATIONS CORPORATION OF AMERICA 05-08-2002 90001 035 \*\*\*150.00 Principal Place of Business Mailing Address 1800 WEST PARK DRIVE 1800 WEST PARK DRIVE SUITE 250 SUITE 250 WESTBOROUGH MA 01581 WESTBOROUGH MA 01581 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3619446 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete CE<sub>0</sub> NAME NAME BAKER, C. EDWARD STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Delete ☐ Change ☐ Addition TITLE TITLE COOP NAME NAME DANIELS, LYNDON STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE CITY-ST-71F CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Delete TITLE ☐ Change Addition E۷ NAME NAME POTTLE, J. ROY STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Delete TITLE ☐ Change Addition **CFO** NAME NAME POTTLE, J. ROY STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CIMMINO, GERALD J STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME GRAY, PATRICIA A STREET ADDRESS STREET ADDRESS 1800 WEST PARK DRIVE

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 impowered 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 addless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

**WESTBOROUGH MA 01581** 

CITY-ST-7/P

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

CR2E034 (9/01)