

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000005455

FILED  
Sep 24, 2007  
Secretary of State

**Entity Name:** NEW CINGULAR WIRELESS SERVICES, INC.

**Current Principal Place of Business:**

5565 GLENRIDGE CONNECTOR  
SUITE 1725-B  
ATLANTA, GA 30342

**New Principal Place of Business:**

**Current Mailing Address:**

5565 GLENRIDGE CONNECTOR  
SUITE 1725-B  
ATLANTA, GA 30342

**New Mailing Address:**

**FEI Number:** 91-1379052      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: ASHLEY A. WOODRUFF

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: SIGMAN, STANLEY T  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: COO ( ) Delete  
Name: DE LA VEGA, RALPH  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: VCS ( ) Delete  
Name: TACKER, CAROL L  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: CFO ( ) Delete  
Name: RITCHER, PETER  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: EVGC ( ) Delete  
Name: CARBONELL, JOAQUIN R  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: AS ( ) Delete  
Name: WILDER, CAROLYN J  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WILDER

AS

09/24/2007

Electronic Signature of Signing Officer or Director

Date