2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005455

Entity Name: NEW CINGULAR WIRELESS SERVICES, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:
5565 GLEN SUITE 1725 ATLANTA,		ECTOR		
Current Mailing Address:			New Mailing Address:	
5565 GLENRIDGE CONNECTOR SUITE 1725-B ATLANTA, GA 30342				
FEI Number:	91-1379052	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				
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:				
	Electronic	Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SIGMAN, STANL 5565 GLENRIDG ATLANTA, GA 30	SE CONNECTOR 0342 Delete NLPH SE CONNECTOR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DEVP (X) Change () Addition CARBONELL, JOAQUIN R 5565 GLENRIDGE CONNECTOR, STE 1725B ATLANTA, GA 30342 PD (X) Change () Addition DE LA VEGA, RALPH 5565 GLENRIDGE CONNECTOR, STE 1725B ATLANTA, GA 30342
Title: Name: Address: City-St-Zip:	TACKER, CAROL 5565 GLENRIDG ATLANTA, GA 30	SE CONNECTOR 0342	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition WILDER, CAROLYN 5565 GLENRIDGE CONNECTOR, STE 1725B ATLANTA, GA 30342
Title: Name: Address: City-St-Zip:	CFO () I RITCHER, PETE 5565 GLENRIDG ATLANTA, GA 30	R E CONNECTOR	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition RITCHER, PETER A 5565 GLENRIDGE CONNECTOR, SUITE 1725B ATLANTA, GA 30342
Title: Name: Address: City-St-Zip:	EVGC (X) I CARBONELL, JC 5565 GLENRIDG ATLANTA, GA 30	E CONNECTOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS (X) I WILDER, CAROI 5565 GLENRIDG ATLANTA, GA 30	E CONNECTOR	Title: Name: Address: City-St-Zip:	()Change ()Addition

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 04/28/2008