

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90165 036 \*\*\*150.00

**DOCUMENT # P17452**

1. Corporation Name  
**AIRTOUCH PAGING, INC.**

Principal Place of Business

**12221 MERIT DRIVE  
SUITE 800  
DALLAS TX 75251  
US**

Mailing Address

**C/O ANNE SHUFORD  
1 CALIFORNIA STREET, 21ST FLOOR  
SAN FRANCISCO CA 94111  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1987**

4. FEI Number

**94-3058969**

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

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**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 **CFO** ☒ DELETE  
NAME **JACKSON, C.E.**  
STREET ADDRESS **12221 MERIT DR, #800**  
CITY-ST-ZIP **DALLAS TX 75251**

TITLE **AT** ☐ DELETE  
NAME **GYANI, MOHAN S.**  
STREET ADDRESS **ONE CALIFORNIA ST, 30TH FLR**  
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **V** ☐ DELETE  
NAME **ANDERSON, D.J.**  
STREET ADDRESS **12221 MERIT DRIVE #800**  
CITY-ST-ZIP **DALLAS TX**

TITLE **S** ☐ DELETE  
NAME **STACHIW, M.A.**  
STREET ADDRESS **12221 MERIT DRIVE #800**  
CITY-ST-ZIP **DALLAS TX 75251**

TITLE **AS** ☒ DELETE  
NAME **VEACO, K**  
STREET ADDRESS **1 CALIFORNIA STREET, 21ST FLOOR**  
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **V** ☒ DELETE  
NAME **PARKER, TODD R**  
STREET ADDRESS **12221 MERIT DR, STE 800**  
CITY-ST-ZIP **DALLAS TX 75251**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☐ Change ☒ Addition  
1.2 NAME **CUCCIO, GARY**  
1.3 STREET ADDRESS **12221 MERIT DRIVE, SUITE 800**  
1.4 CITY-ST-ZIP **DALLAS, TX 75251**

2.1 TITLE **D/AT** ☒ Change ☐ Addition  
2.2 NAME **GYANI, MOHAN S.**  
2.3 STREET ADDRESS **ONE CALIFORNIA STREET, 30TH FLOOR**  
2.4 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **AS** ☐ Change ☒ Addition  
5.2 NAME **LE DUY, SHARON**  
5.3 STREET ADDRESS **ONE CALIFORNIA STREET, 21ST FLOOR**  
5.4 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

6.1 TITLE **V** ☐ Change ☒ Addition  
6.2 NAME **DIAMANTE, TOM**  
6.3 STREET ADDRESS **12221 MERIT DRIVE, SUITE 800**  
6.4 CITY-ST-ZIP **DALLAS, TX 75251**

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Sharon Le Duy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sharon Le Duy 1/29/99 (415) 658-5114**

Date

Daytime Phone #

CR2E034 (11/98)

0655333