



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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P20884 AMERICAN MOBILE SYSTEMS, INC.			
Principal Place of Business c/o Nextel Communications, Inc. 1505 Farm Credit Drive McLean, VA 22102-5003 Attn: Tax Dept.		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 22-2412153	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		3a. Date of Last Report 4/30/96	
10. Name and Address of New Registered Agent		3. Date Incorporated or Qualified 9/14/88	
81. Name		3b. Date of Last Report	
82. Street Address (P.O. Box Number is Not Acceptable)		4. Applied For <input type="checkbox"/> Not Applicable	
83. City		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
84. City		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
85. Zip Code		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (NOTE: Registered Agent's signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE CEO/D	12.2 NAME Daniel Akerson	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
12.3 STREET ADDRESS 1505 Farm Credit Dr.	12.4 CITY-STATE-ZIP McLean, VA 22102-5003	13.3 STREET ADDRESS	13.4 CITY-STATE-ZIP
12.5 TITLE EVP/D	12.6 NAME Morgan O'Brien	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME
12.7 STREET ADDRESS --- same as above ---	12.8 CITY-STATE-ZIP ---	13.7 STREET ADDRESS	13.8 CITY-STATE-ZIP
12.9 TITLE P	12.10 NAME Timothy Donahue	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME
12.11 STREET ADDRESS ---	12.12 CITY-STATE-ZIP ---	13.11 STREET ADDRESS	13.12 CITY-STATE-ZIP
12.13 TITLE Treasurer	12.14 NAME A.J. Long	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME
12.15 STREET ADDRESS ---	12.16 CITY-STATE-ZIP ---	13.15 STREET ADDRESS	13.16 CITY-STATE-ZIP
12.17 TITLE Secretary	12.18 NAME Lisa Zappala	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME
12.19 STREET ADDRESS ---	12.20 CITY-STATE-ZIP ---	13.19 STREET ADDRESS	13.20 CITY-STATE-ZIP
12.21 TITLE CFO	12.22 NAME Steven Shindler	13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.22 NAME
12.23 STREET ADDRESS ---	12.24 CITY-STATE-ZIP ---	13.23 STREET ADDRESS	13.24 CITY-STATE-ZIP
14. I, the undersigned, 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 a director or officer 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 on Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		VP-TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9/21/97 Daytime Phone #: (703) 394-3000	

CR2E034 (9/96)