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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21260** **(5)**

1. Corporation Name
SKYTEL CORP.

Principal Place of Business	Mailing Address
200 S. LAMAR ST., SUITE #400 P. O. BOX 2469 JACKSON MS 39225-9469	P. O. BOX 2469 STE #1000 JACKSON MS 39225-2469 US

3. Date Incorporated or Qualified: 10/11/1988	3a. Date of Last Report: 04/24/1996
4. FEI Number: 64-0704594	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~PUCKETT, BERNARD~~		1.2 NAME	Ja: P. Bhagat	
STREET ADDRESS	200 S. LAMAR ST.		1.3 STREET ADDRESS	200 S. Lamar Street	
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP	Jackson, MS 39201	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	NEMERSON, RICHARD M.		2.2 NAME	John Harvey	
STREET ADDRESS	1850 M STREET NW #800		2.3 STREET ADDRESS	200 S. Lamar Street	
CITY-ST-ZIP	WASHINGTON DC		2.4 CITY-ST-ZIP	Jackson, MS 39201	
TITLE	V	☒ DELETE	3.1 TITLE	Chairman of Board	☒ Change ☐ Addition
NAME	BHAGAT, JAI P.		3.2 NAME	John N. Palmer	
STREET ADDRESS	200 S. LAMAR ST. STE 400		3.3 STREET ADDRESS	200 S. Lamar Street	
CITY-ST-ZIP	JACKSON MS		3.4 CITY-ST-ZIP	Jackson, MS 39201	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRISS, LEONARD G.		4.2 NAME		
STREET ADDRESS	200 S. LAMAR STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP		
TITLE	CEO	☒ DELETE	5.1 TITLE	CEO	☐ Change ☐ Addition
NAME	PUCKETT, BARNARD		5.2 NAME	Ja: P. Bhagat	
STREET ADDRESS	200 S LAMAR ST #900		5.3 STREET ADDRESS	200 S. Lamar Street	
CITY-ST-ZIP	JACKSON MS		5.4 CITY-ST-ZIP	Jackson, MS 39201	
TITLE	T	☒ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	FERGUSON, THOMAS P.		6.2 NAME	Thomas R. Ferguson	
STREET ADDRESS	200 LAMAR ST.		6.3 STREET ADDRESS	200 S. Lamar Street	
CITY-ST-ZIP	JACKSON MS		6.4 CITY-ST-ZIP	Jackson, MS 39201	

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Thomas R. Ferguson Treasurer 4/24/97 (601) 944-1300