

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P21915 (4)**
1. Corporation Name
MOBILE TELECOMMUNICATION TECHNOLOGIES CORP.



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

3. Date Incorporated or Qualified: 11/30/1988
3a. Date of Last Report: 04/27/1995
4. FEI Number: 64-0518209
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYES STREET, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PUCKETT, BERNARD		1.2 NAME	John N. Palmer			
STREET ADDRESS	200 S. LAMAR ST., #900		1.3 STREET ADDRESS	200 S. LAMAR ST			
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP	JACKSON, MS 39201			
TITLE	EVP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BHAGAT, JAI P.		2.2 NAME				
STREET ADDRESS	200 S. LAMAR ST., STE. #900		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSON MS		2.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCULLOUGH, ELIZABETH V.		3.2 NAME				
STREET ADDRESS	200 S. LAMAR ST., #600		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSON MS		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERGUSON, THOMAS R		4.2 NAME				
STREET ADDRESS	200 S. LAMAR ST., STE 900		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRISS, LEONARD G.		5.2 NAME				
STREET ADDRESS	200 S. LAMAR ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSON MS		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 THOMAS R. FERGUSON, TREASURER 4-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)