

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21915

1. Entity Name

SKYTEL COMMUNICATIONS, INC.

FINAL REPORT
WITHDRAWN

FILED

00 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 S. LAMAR ST., SUITE 400
STE. 1000
JACKSON MS 39225-2469
US

P.O. BOX 2469
1000
JACKSON MS 39225-2469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0518209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	HUDSON, TERRI	200 S LAMAR ST	JACKSON MS 39201	<input checked="" type="checkbox"/>
EVP	BHAGAT, JAI P.	200 S. LAMAR ST., STE. #900	JACKSON MS	<input checked="" type="checkbox"/>
T	FERGUSON, THOMAS R	200 S. LAMAR ST. ,STE 900	JACKSON MS	<input type="checkbox"/>
S	KRISS, LEONARD G.	200 S. LAMAR ST.	JACKSON MS	<input type="checkbox"/>
P	STUPKA, JOHN T	200 S LAMAR ST	JACKSON MS 39201	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	WALTER NAGEL	1133 19TH STREET, N.W.	WASH. D.C. 20036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		700003245077--0		<input type="checkbox"/>	<input type="checkbox"/>
		-05/09/00-01005		<input type="checkbox"/>	<input type="checkbox"/>
		****150.00 ****150.00		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P. & Gen. Tax Counsel

Walter Nagel 4/24/00 202-736-6000
Date Daytime Phone *

RE

CR2E034 (9/99)