

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

FILED

Jul 31 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 # **P23942** (6)
1. Corporation Name
AT&T WIRELESS SERVICES NATIONAL ACCOUNTS, INC.

Principal Place of Business 5000 CARILLON POINT KIRKLAND WA 98033	Mailing Address 5000 CARILLON POINT KIRKLAND WA 98033-7356
---------------------------------------------------------------------------------	--------------------------------------------------------------------------



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1989		3a. Date of Last Report 07/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 91-1430622		Applied For Not Applicable	
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		30 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET 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			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOPER, STEVEN W.			1.2 NAME	Daniel R. Hesse		
STREET ADDRESS	5000 CARILLON POINT			1.3 STREET ADDRESS	5000 Carillon Point		
CITY-ST-ZIP	KIRKLAND WA 98033			1.4 CITY-ST-ZIP	Kirkland WA 98033		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, WAYNE M.			2.2 NAME	Gregory P. Landis		
STREET ADDRESS	5000 CARILLON POINT			2.3 STREET ADDRESS	5000 Carillon Point		
CITY-ST-ZIP	KIRKLAND WA 98033			2.4 CITY-ST-ZIP	Kirkland WA 98033		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, MARK U.			3.2 NAME			
STREET ADDRESS	5000 CARILLON POINT			3.3 STREET ADDRESS			
CITY-ST-ZIP	KIRKLAND WA 98033			3.4 CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSH, JENNIFER			4.2 NAME			
STREET ADDRESS	5000 CARILLON POINT			4.3 STREET ADDRESS			
CITY-ST-ZIP	KIRKLAND WA 98033			4.4 CITY-ST-ZIP			
TITLE	CFOT	<input type="checkbox"/> DELETE		5.1 TITLE	CFOTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFF, ROLLA P.			5.2 NAME	John D. Thompson		
STREET ADDRESS	5000 CARILLON POINT			5.3 STREET ADDRESS	5000 Carillon Point		
CITY-ST-ZIP	KIRKLAND WA 98033			5.4 CITY-ST-ZIP	Kirkland WA 98033		
TITLE	SVPD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUARTNER, ANDREW A.			6.2 NAME			
STREET ADDRESS	5000 CARILLON POINT			6.3 STREET ADDRESS			
CITY-ST-ZIP	KIRKLAND WA 98033			6.4 CITY-ST-ZIP			

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 _____

CR2E034 (9/96)