

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
5000 CARILLON POINT 5000 CARILLON POINT
KIRKLAND WA 98033 KIRKLAND WA 98033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/18/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		91-1430622	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

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

*Change of agent form submitted by
CT Corporation System*

FL

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, DANIEL R	1.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, GREGORY P	2.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	2.4 CITY-ST-ZIP	
TITLE	VP	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	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	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOHN D	5.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	5.4 CITY-ST-ZIP	
TITLE	SVPD	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 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 a 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.

CR2E034 (10/97)