SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 28, 1994.
ANNUAL RPRT DUE ON OR BEFORE 5/1/1994. (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'94 JUL 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25665 (1)

1. Corporation Name
CUE PAGING CORPORATION

Mailing Address	Principal Place of Business
2737 CAMPUS DR.	2737 CAMPUS DR.
IRVINE CA 92715-1602	IRVINE CA 92715-1602

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1989	3a. Date of Last Report: 04/21/1993
4. FEI Number: 33-0232913	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CREWS, SALLY
528 S. NORTHLAKE BLVD. #1040
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road,
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: C T Corporation System Veronica A Bonilla 6/14/94
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	V	
1.2 NAME	HOFFMAN, JULIE	
1.3 STREET ADDRESS	2737 CAMPUS DR.	
1.4 CITY-ST-ZIP	IRVINE CA	
2.1 TITLE	P/D	
2.2 NAME	KAISER, SANDRA	
2.3 STREET ADDRESS	2737 CAMPUS DR.	
2.4 CITY-ST-ZIP	IRVINE CA	
3.1 TITLE	S/C	
3.2 NAME	KAISER, GORDON	
3.3 STREET ADDRESS	2737 CAMPUS DR.	
3.4 CITY-ST-ZIP	IRVINE CA	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

$87

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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie Hoffman Julie Hoffman 6/13/94 714-752-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200387