SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P25665** **(1)**

1. Corporation Name
CUE PAGING CORPORATION

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

3. Date Incorporated or Qualified: **08/15/1989**
3a. Date of Last Report: **07/14/1995**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. # etc. (27)
City & State (23)	City & State (28)
Zip (24) **92612-1602** Country (25)	Zip (29) **92612-1602** Country (30)

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
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☑ DELETE	11 TITLE	V	☐ Change ☑ Addition
NAME	HOFFMAN, JULIE		12 NAME	DAVID SCHREIMAN	
STREET ADDRESS	2737 CAMPUS DR.		13 STREET ADDRESS	2737 CAMPUS DR.	
CITY-ST-ZIP	IRVINE CA		14 CITY-ST-ZIP	IRVINE CA 92612-1602	
TITLE	PD	☐ DELETE	21 TITLE	P	☑ Change ☐ Addition
NAME	NIELSEN, JONES I		22 NAME	IAN NIELSEN-JONES	
STREET ADDRESS	2737 CAMPUS DR		23 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		24 CITY-ST-ZIP	IRVINE CA 92612-1602	
TITLE	SC	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	KAISER, GORDON		32 NAME		
STREET ADDRESS	2737 CAMPUS DR.		33 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		34 CITY-ST-ZIP	IRVINE CA 92612-1602	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: _____ DAVID E. SCHREIMAN 7/16/96 (714) 752-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #