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FILED  
Feb 25 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 # P25665

(1)

1. Corporation Name

CUE PAGING CORPORATION

Principal Place of Business

2737 CAMPUS DR.  
IRVINE CA 92612-802  
US

Mailing Address

2737 CAMPUS DR.  
IRVINE CA 92612-1802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1989

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5 CORPORATE PARK

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 IRVINE CA

Zip

24 92606

Country

25 USA

2a. Mailing Address

26 5 CORPORATE PARK

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 IRVINE CA

Zip

29 92606

Country

30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME SCHREIMAN, DAVID  
STREET ADDRESS 2737 CAMPUS DR.  
CITY-ST-ZIP IRVINE CA

TITLE P ☒ DELETE

NAME NIELSEN-JONES, IAN  
STREET ADDRESS 2737 CAMPUS DR.  
CITY-ST-ZIP IRVINE CA

TITLE SC ☐ DELETE

NAME KAISER, GORDON  
STREET ADDRESS 2737 CAMPUS DR.  
CITY-ST-ZIP IRVINE CA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V ☒ Change ☐ Addition

12 NAME SCHREIMAN, DAVID  
13 STREET ADDRESS 5 CORPORATE PARK, SUITE 100  
14 CITY-ST-ZIP IRVINE, CA 92606

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE S,C,P ☒ Change ☐ Addition

32 NAME KAISER, GORDON  
33 STREET ADDRESS 5 CORPORATE PARK, SUITE 100  
34 CITY-ST-ZIP IRVINE, CA 92606

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 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: *David E. Schreiman* DAVID E. SCHREIMAN 1/7/98 (714) 862-8800

CF2E034 (10/97)