


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

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32583 (7)
1. Corporation Name
EDS PERSONAL COMMUNICATIONS CORPORATION

Principal Place of Business 5400 LEGACY DRIVE H1 4A 66 PLANO TX 75024	Mailing Address 5400 LEGACY DRIVE H1 4A 66 PLANO TX 75024
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1990	4. FEI Number 04-2923377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 5400 LEGACY DR Suite, Apt. #, etc. 22 City & State 23 PLANO TX 24 Zip 75024 25 Country US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 29 Zip 30 Country
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CP <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JOHN R
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CUSHMAN, JEFFREY D.
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BENAC, WILLIAM P
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LEONARD, BRUCE T.
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX
TITLE	VD <input type="checkbox"/> DELETE
NAME	CASTLE JR, JOHN R
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX
TITLE	AT <input type="checkbox"/> DELETE
NAME	BARTON, BARBARA
STREET ADDRESS	5400 LEGACY DR.
CITY-ST-ZIP	PLANO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES H. ANSLEY
1.3 STREET ADDRESS	5400 LEGACY DR
1.4 CITY-ST-ZIP	PLANO TX 75024
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHIRLEY J. MARBLE
2.3 STREET ADDRESS	5400 LEGACY DR
2.4 CITY-ST-ZIP	PLANO TX 75024
3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	R. RANDALL CAPPS
3.3 STREET ADDRESS	5400 LEGACY DR.
3.4 CITY-ST-ZIP	PLANO TX 75024
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERRY B. CLARK
4.3 STREET ADDRESS	5400 LEGACY DR.
4.4 CITY-ST-ZIP	PLANO TX 75024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:  Barbara Barton 3-27-98 972/605-1200

CP2E034 (10/97)