

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3000 APOLLO DRIVE, SUITE 100  
TALLAHASSEE, FLORIDA 32301

APPROVED  
AND  
FILED

DOCUMENT # P36560

(1)

95 MAY -1 PM 2:07

FCI 900, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                                   |                                                                                |                                                                                                                                                                |  |                                                   |                                       |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------|
| 1. Principal Place of Business<br>C/O FLEET CALL INC<br>201 ROUTE 17 NORTH<br>RUTHERFORD NJ 07070 |                                                                                | 2a. Mailing Address<br>C/O FLEET CALL INC<br>201 ROUTE 17 NORTH<br>RUTHERFORD NJ 07070                                                                         |  | 3. Date Inc. Organized or Qualified<br>12/09/1991 | 3a. Date of Last Report<br>04/21/1994 |
| 2. Principal Place of Business<br>21. C/o Nextel Communications, Inc.<br>State Apt # etc.         | 2a. Mailing Address<br>26. C/o Nextel Communications, Inc.<br>State Apt # etc. | 4. FFI Number<br>22-3034477                                                                                                                                    |  | Applicant Fee<br>Not Applicable                   |                                       |
| 22. City & State                                                                                  | 27. City & State                                                               | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | \$8.75 Additional Fee Required                    |                                       |
| 23. Zip                                                                                           | 28. Zip                                                                        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | \$5.00 May Be Added to Fees                       |                                       |
| 24. Country                                                                                       | 29. Country                                                                    | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                   |                                       |

|                                                                                                                             |  |                                                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYES STREET<br>TALLAHASSEE FL 32301 |  | 10. Name and Address of New Registered Agent<br>B1. Name<br>B2. Street Address (P.O. Box Number is Not Acceptable)<br>B3.<br>B4. City<br>FL B5. Zip Code |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(1)(c) 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. Thereby, except the appointment of its registered agent, I am bound with and accept the responsibility of Section 607.01(1)(b) Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

(Date)

|                                                                                   |                                                                |                                                                              |                                                                            |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                        |                                                                | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                             |                                                                            |
| NAME<br>PD<br>MCAULEY, BRIAN D.<br>C/O 201 ROUTE 17 NORTH<br>RUTHERFORD NJ        | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                            |
| NAME<br>VPAS<br>MARKELL, JACK A.<br>C/O 201 ROUTE 17 NORTH<br>RUTHERFORD NJ       | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Sec. VP + Asst. Sec.                                                       |
| NAME<br>SD<br>O'BRIEN, MORGAN E.<br>800 CONNECTICUT AVE STE 1001<br>WASHINGTON DC | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Exec. VP + Director                                                        |
| NAME<br>V<br>SCHLEICHER, JOEL A.<br>C/O 201 ROUTE 17 NORTH<br>RUTHERFORD NJ       | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Asst. Treas.<br>John A. Vele<br>201 Route 17 North<br>Rutherford, NJ 07070 |
| NAME<br>TAS<br>LONG, ELIZABETH G.<br>C/O 201 ROUTE 17 NORTH<br>RUTHERFORD NJ      | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VP, Treas. + Asst. Sec.                                                    |
| NAME<br>AS<br>BOWEN MARY ANN H<br>C/O 201 RT. 17 NORTH<br>RUTHERFORD NJ           | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE<br>4. ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                            |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in law. I, the undersigned, further certify that the information included 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 a shareholder or director of the corporation or the manager or director empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1 of this report, or on an attachment with an address.

SIGNATURE: X

*John A. Vele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Vele

4/21/95 (201) 438-1400