FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P36560** **(1)**

1. Corporation Name
FCI 900, INC.

Principal Place of Business
% NEXTEL COMMUNICATIONS INC
201 ROUTE 17 NORTH
RUTHERFORD NJ 07070
US

Mailing Address
% NEXTEL COMMUNICATIONS INC
201 ROUTE 17 NORTH
RUTHERFORD NJ 07070
US

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 201 ROUTE 17 NORTH
Suite, Apt. #, etc.
22 12 TH FLOOR
City & State
23 RUTHERFORD NJ
Zip 24 07070-2574 Country 25 BERGEN

2a. Mailing Address
26 201 ROUTE 17 NORTH
Suite, Apt. #, etc.
27 12 FL
City & State
28 RUTHERFORD, NJ
Zip 29 07070 Country 30 BERGEN

4. FEI Number: 22-3034477 — 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 N/A
Signature, typed or printed name of registered agent and title if applicable — (If a Registered Agent is a business entity, the name of the entity must be stated above) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCAULEY, BRIAN D.	
STREET ADDRESS	C/O 201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VPAS	☒ DELETE
NAME	MARKELL, JACK A.	
STREET ADDRESS	C/O 201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VPD	☐ DELETE
NAME	O'BRIEN, MORGAN E.	
STREET ADDRESS	800 CONNECTICUT AVE STE 1001	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	AT	☒ DELETE
NAME	VELE, JOHN A.	
STREET ADDRESS	201 RT 17 N	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VPAS	☒ DELETE
NAME	LONG, ELIZABETH G.	
STREET ADDRESS	C/O 201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	AS	☒ DELETE
NAME	BOWEN MARY ANN H	
STREET ADDRESS	C/O 201 RT. 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	SIDMAN, THOMAS J	
1.3 STREET ADDRESS	C/O 201 RT 17 N	
1.4 CITY-ST-ZIP	RUTHERFORD NJ 07070	
2.1 TITLE	CFO & VP	☐ Change ☒ Addition
2.2 NAME	SALAMONE, LOUIS	
2.3 STREET ADDRESS	C/O 201 RT 17 N	
2.4 CITY-ST-ZIP	RUTHERFORD NJ 07070	
3.1 TITLE	V. P.	☐ Change ☒ Addition
3.2 NAME	THOMAS D. HICKEY	
3.3 STREET ADDRESS	201 ROUTE 17 N 12 FL.	
3.4 CITY-ST-ZIP	RUTHERFORD N.J. 07070	
4.1 TITLE	ASS't V.P	☐ Change ☐ Addition
4.2 NAME	WILLMOUTH JOHN	
4.3 STREET ADDRESS	201 ROUTE 17 N	
4.4 CITY-ST-ZIP	RUTHERFORD N.J. 07070	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN WILLMOUTH ASS'T V.P.

Date — Daytime Phone # 201-438-1400

CR2E034 (12/95)