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FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36560

(1)

1. Corporate Name
FCI 900, INC.



Principal Place of Business

Mailing Address

201 ROUTE 17.N
12TH FLOOR
RUTHERFORD N 07070-2574
US

New address:

c/o NEXTEL COMMUNICATIONS, INC.
1505 Farm Credit Drive
McLean, VA 22102
Attn: Tax Dept.

3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCAULEY, BRIAN D.	
STREET ADDRESS	C/O 201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	CVP	<input checked="" type="checkbox"/> DELETE
NAME	SALAMONE, LOUIS	
STREET ADDRESS	C/O 201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD N	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MORGAN E.	
STREET ADDRESS	800 CONNECTICUT AVE STE 1001	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLMOUTH, JOHN	
STREET ADDRESS	201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD N	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SIDMAN, THOMAS J.	
STREET ADDRESS	C/O 201 ROUTE 17, N.	
CITY-ST-ZIP	RUTHERFORD N	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMAS D. HICKEY	
STREET ADDRESS	201 ROUTE 17, N-12 FLOOR	
CITY-ST-ZIP	RUTHERFORD N	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL F. AKERSON	
1.3 STREET ADDRESS	1505 FARM CREDIT DR	
1.4 CITY-ST-ZIP	MCLEAN VA 22102	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIMOTHY DONAHUE	
2.3 STREET ADDRESS	1505 FARM CREDIT DR	
2.4 CITY-ST-ZIP	MCLEAN, VA 22102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	c/o NEXTEL COMMUNICATIONS, INC.	
4.4 CITY-ST-ZIP	1505 Farm Credit Drive McLean, VA 22102	
5.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEVEN M. SHANDLER	
5.3 STREET ADDRESS	1505 FARM CREDIT DR	
5.4 CITY-ST-ZIP	MCLEAN, VA 22102	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	c/o NEXTEL COMMUNICATIONS, INC.	
6.4 CITY-ST-ZIP	1505 Farm Credit Drive McLean, VA 22102	

14. I do 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 in an attachment with an address.

SIGNATURE:

[Signature] AJ LONG, VP-TREAS. 2-4-97 (703) 394-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)