

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P36560** (1)  
1. Corporation Name  
**FCI 900, INC.**



Principal Place of Business  
**201 ROUTE 17 N  
12TH FLOOR  
RUTHERFORD NJ 07070-2574  
US**

Mailing Address  
**C/O NEXTEL COM. INC.  
1505 FARM CREDIT DR.  
MCLEAN VA 22102  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1505 FARM CREDIT DR** 26  
Suite, Apt. #, etc.

22 **MCLEAN, VA** 27  
City & State

23 **22102** 25 **US** 29  
Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**12/09/1991**

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

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 **CEO** ☐ DELETE  
NAME **AKERSON, DANIEL F**  
STREET ADDRESS **1505 FARM CREDIT DR.**  
CITY-ST-ZIP **MCLEAN VA**

TITLE **PD** ☐ DELETE  
NAME **DONAHUE, TIMOTHY**  
STREET ADDRESS **1505 FARM CREDIT DR.**  
CITY-ST-ZIP **MCLEAN VA**

TITLE **VPD** ☐ DELETE  
NAME **O'BRIEN, MORGAN E.**  
STREET ADDRESS **800 CONNECTICUT AVE STE 1001**  
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VP** ☐ DELETE  
NAME **WILLMOUTH, JOHN**  
STREET ADDRESS **1505 FARM CREDIT DR.**  
CITY-ST-ZIP **MCLEAN VA**

TITLE **SVP** ☐ DELETE  
NAME **SHINDER, STEVEN M**  
STREET ADDRESS **1505 FARM CREDIT DR.**  
CITY-ST-ZIP **MCLEAN VA**

TITLE **VP** ☐ DELETE  
NAME **THOMAS D. HICKEY**  
STREET ADDRESS **1505 FARM CREDIT DR**  
CITY-ST-ZIP **MCLEAN VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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.

CR2E034 (10/97)