



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 149204		2. Name of Corporation AMERICAN MESSAGING(AM), INC.			
3. Street Address Principal Business Office 1720 LAKEPOINTE DR STE 100		City Lewisville		State TX	Zip 75057
4. Business Phone No. 214-222-6385		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF PAGING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVE ANDERSEN			Vice President Name JEFF CHALMERS		
Street Address 1720 LAKEPOINTE DR STE 100			Street Address 1720 LAKEPOINTE DR STE 100		
City Lewisville	State TX	Zip 75057	City Lewisville	State TX	Zip 75057
Secretary Name —			Treasurer Name —		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J ROY POTTLE			Director Name Thomas Hopkins		
Street Address 1720 LAKEPOINTE DR STE 100			Street Address C/O COLCHESTER CAPITAL, LLC 121 SUMMIT AVE STE 210		
City Lewisville	State TX	Zip 75057	City SUMMIT	State NJ	Zip 07901
Director Name MARC GINERIS			Director Name George Rich		
Street Address C/O INCYTE PARTNERS, LLC 275 MADISON AVE, 4TH FLOOR			Street Address 904 South Broadway		
City New York	State NY	Zip 10016	City BALTIMORE	State MD	Zip 21231
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1	COMM NO PAR VALUE		1	Comm	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	FEB 29 2008
Check No.	By 64185
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Jeff Chalmers Date 2-21-08
Print or Type Name
SUP- OPERATIONS + FINANCE
Title