

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018576 AF

**DOCUMENT # A27520**


1. Entity Name  
**SPRINT COMMUNICATIONS COMPANY LIMITED PARTNERSHIP**

Principal Place of Business <b>6500 SPRINT PARKWAY MAILSTOP: HL-5ASTX OVERLAND PARK KS 66251-5777</b>	Mailing Address <b>6500 SPRINT PARKWAY MAILSTOP: HL-5ASTX OVERLAND PARK KS 66251-5777</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>43-1408007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**FILED**  
**01 FEB 27 AM 9:37**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA STREET  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$129,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P09124 US TELECOM, INC. 6500 SPRINT PARKWAY OVERLAND PARK KS 66251-5777</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X *Mark Beshears* **Mark Beshears** **2/23/01** **913-315-5820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER, Date Daytime Phone #

CR2E003 (11/00)