

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018578 AF

DOCUMENT # **B98000000181**

1. Entity Name  
**SPRINTCOM EQUIPMENT COMPANY L.P.**

**FILED**

01 JAN 31 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6500 SPRINT PARKWAY  
OVERLAND PARK KS 66251**

Mailing Address  
**6500 SPRINT PARKWAY  
MAILSTOP: HL-5ASTX  
OVERLAND PARK KS 66251-5777**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **48-1195100**  
Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **None**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P09124**  
NAME **US TELECOM, INC.**  
STREET ADDRESS **6500 SPRINT PARKWAY**  
CITY-ST-ZIP **OVERLAND PARK KS 66251**

STREET ADDRESS  
CITY-ST-ZIP **200003655022--4**  
**-02/06/01--01110--021**  
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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: *Mark Beshears*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Mark Beshears**  
Asst. V.P. **1/22/01** Date **(913) 315-5820** Daytime Phone #  
**U.S Telecom**

CR2E003 (11/00)