

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020073 AB

**DOCUMENT # B98000000181**

1. Entity Name

**SPRINTCOM EQUIPMENT COMPANY LP.**

FILED

02 MAR 14 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MLJA**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**48-1195100**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_

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

DATE

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

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**400005169594--4**

**03/26/02-01056-013**

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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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Mark Beshears*  
**MARK BESHEARS**

2-5-02

Date

913-315-5820

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE