

2001 UNIFORM BUSINESS REPORT (UBR)

0605380

DOCUMENT # F00000002099

1. Entity Name
VOICESTREAM PCS BTA I CORPORATION

FILED

1062

01 JAN 30 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006	Mailing Address 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006
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2. Principal Place of Business 12920 SE 38th street Suite, Apt. #, etc.	3. Mailing Address 12920 SE 38th street Suite, Apt. #, etc.
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City & State Bellevue, WA	City & State Bellevue, WA	4. FEI Number 91-1686827	Applied For Not Applicable
Zip 98006	Country	Zip 98006	Country

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STANTON, JOHN W 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, DONALD 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAPLETON, ROBERT R 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMBAUGH, CREGG B 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, ALAN R 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOTSON, ROBERT P 3650 131ST AVE., S.E., SUITE 200 BELLEVUE WA 98006 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee A. Tostevin
Asstnt Secretary 1/26/01 (425) 378-4000

CR2E034 (10/00)

2012



ACCOUNT NO. : 072100000032
REFERENCE : 982165 7156704
AUTHORIZATION : *Patricia Pignatelli*
COST LIMIT : \$ 150.00

ORDER DATE : January 29, 2001
ORDER TIME : 9:39 AM
ORDER NO. : 982165-015
CUSTOMER NO: 7156704
CUSTOMER: Ms. Cherie Scott
Voicestream Wireless
12920 Se 38th Street
Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: VOICESTREAM PCS BTA I CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS- Ext. 1133

EXAMINER'S INITIALS: _____

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JAN 30 AM 10:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA