

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **F01000001154**

1. Entity Name
NEXTEL RETAIL STORES, INC.



FILED

03 MAR 17 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O LINDA HOISINGTON, LEGAL DEPARTMENT
2001 EDMUND HALLEY DRIVE
RESTON VA 20191**

Mailing Address
**C/O LINDA HOISINGTON, LEGAL DEPARTMENT
2001 EDMUND HALLEY DRIVE
RESTON VA 20191**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-2021574**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Chris R. Swelling

3/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONAHUE, TIMOTHY M 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, CHRISTIE A 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LINDAHL, RICHARD 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, THOMAS N JR. 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAX DAVIS, BRIAN 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, LEONARD J 2001 EDMUND HALLEY DRIVE RESTON VA 20191	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800014241448	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTIE HILL

3/12/03

202-433-4216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 968923 7113206
AUTHORIZATION : Patricia Pizzuto
COST LIMIT : \$ 150.00

ORDER DATE : March 14, 2003
ORDER TIME : 10:20 AM
ORDER NO. : 968923-010
CUSTOMER NO: 7113206
CUSTOMER: Linda Hoisington, Legal Asst
Nextel Communications, Inc.
2001 Edmund Halley Drive
Reston, VA 20191

ANNUAL REPORT FILING

NAME: NEXTEL RETAIL STORES, INC.

RECEIVED
03 MAR 17 PM 12:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____