

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91322 024 ***150.00

DOCUMENT # **F98000001870**
1. Entity Name
NEXTEL INTERNATIONAL (SERVICES), LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10700 PARKRIDGE BLVD Suite, Apt. #, etc. SUITE 600 City & State RESTON, VA Zip 20191 Country USA	3. Mailing Address 10700 PARKRIDGE BLVD Suite, Apt. #, etc. SUITE 600 City & State RESTON, VA Zip 20191 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1726566

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

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7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE FL Zip Code
32301-2525

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)

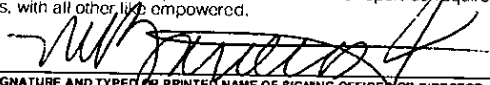
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			
TITLE P	NAME STEVEN M. SHINDLER	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	
TITLE VD	NAME LO VAN GEMERT	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	
TITLE VT	NAME BYRON SILIEZAR	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	
TITLE VD	NAME ROBERT J. GILKER	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	
TITLE SD	NAME MERCEDES M. BARRERAS	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	
TITLE ASST. S	NAME ROBERT SHANKS	TITLE	
STREET ADDRESS 10700 PARKRIDGE BLVD, SUITE 600	CITY-ST-ZIP RESTON, VA 20191	STREET ADDRESS	

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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 on an attachment with an address, with all other live empowered.

SIGNATURE:  **MERCEDES M. BARRERAS (703) 433-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-24-02** Daytime Phone # _____

CR2E034B (12/01)