


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90367 012 \*\*\*150.00

**DOCUMENT # F98000001870**

1. Entity Name  
**NEXTEL INTERNATIONAL (SERVICES), LTD., INC.**



Principal Place of Business  
**10700 PARKRIDGE BLVD  
 STE 600  
 RESTON, VA 20191**

Mailing Address  
**10700 PARKRIDGE BLVD  
 STE 600  
 RESTON, VA 20191**

2. Principal Place of Business - No P.O. Box #  
**1875 Explorer Street**

3. Mailing Address  
**1875 Explorer Street**

Suite, Apt. #, etc.  
**Suite 1000**

City & State  
**Reston VA**

City & State  
**Reston, VA**

Zip  
**20190**

Country  
**USA**

4022008 Chg-P CR2E034 (12/06)

4. FEI Number  
**91-1726566**

Applied For  
 Not Applicable

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GILKER, ROBERT J 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SILIEZAR, BYRON 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEMERT, LO VAN 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHINDLER, STEVEN M 10700 PARKRIDGE BLVD, SUITE 600 RESTON, VA 20191 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GURAIEB, RICARDO 10700 PARKRIDGE BLVD RESTON, VA 20191 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary, Director Gary D. Begeman 1875 Explorer Street, Suite 1000 Reston, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer, Director Gukul Hemmady 1875 Explorer Street, Suite 1000 Reston, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lo van Gemert 1875 Explorer Street, Suite 1000 Reston, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Steven M. Shindler 1875 Explorer Street, Suite 1000 Reston VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ricardo Guraieb 1875 Explorer Street, Suite 1000 Reston, VA 20190 <input checked="" 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 exemptions contained in Chapter 119, 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: Gary D. Begeman **Gary D. Begeman** **4.4.2008** **703-390-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #