

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90116 024 ***150.00

0009546

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000002255

1. Corporation Name
NEXTEL OPERATIONS, INC.



Principal Place of Business 1505 FARM CREDIT DR. MCLEAN VA 22102	Mailing Address 1505 FARM CREDIT DR. MCLEAN VA 22102
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 04/21/1998	4. FEI Number 54-1887531	Applied For <input type="checkbox"/> Not Applicable
21	22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			FL		85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDMAN, TOM	1.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGEMAN, GARY	2.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	2.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKERSON, DAN F	3.2 NAME	DEANNE CAMPBELL
STREET ADDRESS	1505 FARM CREDIT DR.	3.3 STREET ADDRESS	1505 FARM CREDIT DR
CITY-ST-ZIP	MCLEAN VA 22102	3.4 CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONAHUE, TIM	4.2 NAME	RIED ZULAGER
STREET ADDRESS	1505 FARM CREDIT DR.	4.3 STREET ADDRESS	1505 FARM CREDIT DR.
CITY-ST-ZIP	MCLEAN VA 22102	4.4 CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, MORGAN	5.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	5.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDLER, STEVEN	6.2 NAME	
STREET ADDRESS	1505 FARM CREDIT DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ried Zulager **SECRETARY** Date: 5/1/99 Daytime Phone #: 703 394-3000

CR2E034 (11/98)