

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90074 029 \*\*\*150.00

**DOCUMENT # F98000002255**

1. Entity Name

**NEXTEL OPERATIONS, INC.**

Principal Place of Business

Mailing Address

1505 FARM CREDIT DR.  
 MCLEAN VA 22102

1505 FARM CREDIT DR.  
 MCLEAN VA 20191-3436

911922

2. Principal Place of Business

3. Mailing Address

**2001 EDMUND HALLEY DR.**

**2001 EDMUND HALLEY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**RESTON, VA**

City & State

**RESTON, VA**

Zip

**20191**

Country

**USA**

Zip

**20191**

Country

**USA**

4. FEI Number

**54-1887531**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	DELETE
DV	SIDMAN, TOM	<del>1505 FARM CREDIT DR.</del>	<del>MCLEAN VA 22102</del>	<input checked="" type="checkbox"/>
D	BEGEMAN, GARY	1505 FARM CREDIT DR.	MCLEAN VA 22102	<input checked="" type="checkbox"/>
VP	CAMPBELL, DEANNE	1505 FARM CREDIT DR.	MCLEAN VA 22102	<input checked="" type="checkbox"/>
S	ZULAGER, RIED	1505 FARM CREDIT DR.	MCLEAN VA 22102	<input checked="" type="checkbox"/>
PD	O'BRIEN, MORGAN	<del>1505 FARM CREDIT DR.</del>	<del>MCLEAN VA 22102</del>	<input type="checkbox"/>
VCFO	SHINDLER, STEVEN	<del>1505 FARM CREDIT DR.</del>	<del>MCLEAN VA 22102</del>	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV	SIDMAN, TOM	2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP & TREASURER	JOHN BRITAIN	2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP - TAX	BRIAN DAVIS	2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY & DIRECTOR	CHRISTIE HILL	2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input type="checkbox"/>	<input type="checkbox"/>
		2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2001 EDMUND HALLEY DR.	RESTON, VA 20191	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 an address, with all other like empowered.

SIGNATURE:

**BRIAN DAVIS** 1/24/00 703-433-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #