

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90045 013 \*\*\*150.00

**DOCUMENT # F99000001258**

1. Entity Name  
**NEXTEL PARTNERS OPERATING CORP.**

Principal Place of Business 4500 CARILLON POINT KIRKLAND WA 98033	Mailing Address 4500 CARILLON POINT KIRKLAND WA 98033
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>91-1930916</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>NRAI SERVICES, INC.</b> 526 E. PARK AVE TALLAHASSEE FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ 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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPLE, JOHN		NAME	CHAPPLE, JOHN	
STREET ADDRESS	4500 CARILLON POINT		STREET ADDRESS	4500 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033		CITY-ST-ZIP	KIRKLAND, WA 98033	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, TIMOTHY		NAME	DONAHUE, TIMOTHY	
STREET ADDRESS	1505 FARM CREDIT RD		STREET ADDRESS	2001 EDMUND HALLEY DRIVE	
CITY-ST-ZIP	MCLEAN VA 22102		CITY-ST-ZIP	RESTON, VA 20191	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, ANDREW		NAME		
STREET ADDRESS	277 PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	(see attached)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINWELL, ANDREW		NAME		
STREET ADDRESS	3 FIRST NATIONAL PLAZA, SUITE 3800		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AAS, DAVID		NAME		
STREET ADDRESS	4500 CARILLON POINT		STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, DONALD		NAME	MANNING, DON	
STREET ADDRESS	4500 CARILLON POINT		STREET ADDRESS	4500 Carillon Point	
CITY-ST-ZIP	KIRKLAND WA 98033		CITY-ST-ZIP	Kirkland WA 98033	

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: Denise J. Swerland Denise J. Swerland 4/7/2001 425-576-3664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Asst. Secretary*

CR2E034 (10/00)