

**2001 UNIFORM BUSINESS REPORT (UBR)**

10/2

0605405

**DOCUMENT # F99000006328**

1. Entity Name  
**VOICESTREAM WIRELESS CORPORATION**

**FILED**  
**01 FEB -2 PM 1:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business: **3650 131ST AVENUE SE, SUITE 200 BELLEVUE WA 98006**  
Mailing Address: **ACCOUNTS PAYABLE P.O. BOX 53090 BELLEVUE WA 98015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **12920 SE 38th street**  
3. Mailing Address: **12920 SE 38th street**

City & State: **Bellevue, WA** | City & State: **Bellevue, WA**  
Zip: **98006** | Zip: **98006**

4. FEI Number: **91-1983600**  
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**

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.

SIGNATURE: \_\_\_\_\_ (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, 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	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>COHEN, MITCHELL R</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>EVANS, DANIEL J</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>FOK, CANNING</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>NELSON, JONATHAN M</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>PERRY, JAMES N JR.</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>O'TOOLE, TERRANCE M</b>	
STREET ADDRESS: <b>3650 131ST AVENUE SE, SUITE 200</b>	
CITY-ST-ZIP: <b>BELLEVUE WA 98006</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

**200003630682--5**

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: DAVID A. Miller Assistant Secretary (425) 378-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

2012



ACCOUNT NO. : 072100000032  
REFERENCE : 987599 7156704  
AUTHORIZATION : Patricia Fiquito  
COST LIMIT : \$ 150.00

ORDER DATE : February 1, 2001  
ORDER TIME : 9:30 AM  
ORDER NO. : 987599-005  
CUSTOMER NO: 7156704  
CUSTOMER: Ms. Cherie Scott  
Voicestream Wireless  
12920 Se 38th Street  
Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: VOICESTREAM WIRELESS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 FEB -2 AM 10:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA