2002 UNIFORM BUSINESS REPORT (UBR)

Services, Inc., Its Mara

SIGNATURE AND TYPED OR

SIGNATURE:

Mar 05, 2002 8:00 am³ Secretary of State DOCUMENT # M9900001769 1. Entity Name 03-05-2002 90018 026 ****55.00 AT&T WIRELESS PCS, LLC Mailing Address Principal Place of Business 7277 164TH AVENUE NE 7277 164TH AVENUE NE REDMOND WA 98052 REDMOND WA 98052 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3330080 Not Applicable The state of the s Zin Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$50.00 REDAYOND MY CO'S Make Check Payable to Department of State 1844 TOTAL BEAUTIES Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS ☐ Addition Change TITI F ☐ Delete MGR TITLE NAME NAME . AT&T WIRELESS SERVICES, INC. STREET ADDRESS STREET ADDRESS 7277 164TH AVENUE, N.E. CITY-ST-ZIP CITY-ST-ZIP REDMOND WA 98052 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ..._ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. AT&T WIRELESS PCS, LLC, By: AT&T WIRELESS, A

2/6/02

Date

ER MANAGER OR AUTHORIZED REPRESENTATIVE

425-580-6000

Daytime Phone #

FILED