

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES H. MATHIAS  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:07

DOCUMENT # **P24942** (5)

**NEXTEL COMMUNICATIONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business <b>201 ROUTE 17 N RUTHERFORD NJ 07070</b>		2a. Mailing Address <b>201 ROUTE 17 N RUTHERFORD NJ 07070</b>		3. Date this Corporation is Licensed <b>06/27/1989</b>		3a. Date of Last Report <b>04/21/1994</b>	
21. State App # (05)	26. Mailing Agency	4. FEI Number <b>13-3414376</b>		Applied For		Not Applicable	
22. State App # (05)	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. City	25. County	29. City		30. County		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
B1. Name							
B2. Street Address (P.O. Box Number is Not Acceptable)							
B3.							
B4. City				FL		B5. Zip Code	

11. Pursuant to the provisions of Sections 197.032 and 607.150B, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MCAULEY, BRIAN D.</b> STREET ADDRESS <b>201 ROUTE 17 N</b> CITY, ST, ZIP <b>RUTHERFORD NJ</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPS</b>	NAME <b>MARKELL, JACK</b> STREET ADDRESS <b>201 ROUTE 17 N</b> CITY, ST, ZIP <b>RUTHERFORD NJ</b>	2. NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SR. VP + ASST. SEC.</b>
TITLE <b>C</b>	NAME <b>O'BRIEN, MORGAN E</b> STREET ADDRESS <b>800 CONNECTICUT AVE NW STE 1001</b> CITY, ST, ZIP <b>WASHINGTON DC</b>	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TS</b>	NAME <b>LONG, ELIZABETH G</b> STREET ADDRESS <b>201 ROUTE 17 N</b> CITY, ST, ZIP <b>RUTHERFORD NJ</b>	4. NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP, TREAS. + SEC.</b>
TITLE <b>D</b>	NAME <b>PERRY, JAMES N., JR.</b> STREET ADDRESS <b>3 FIRST NATIONAL PLAZA</b> CITY, ST, ZIP <b>CHICAGO IL</b>	5. NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CEO + Director</b> <b>Wayland R. Hicks</b> <b>201 ROUTE 17 N</b> <b>Rutherford, NJ</b>
TITLE	NAME	6. NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Asst. Treas.</b> <b>John A. Vele</b> <b>201 Route 17 North</b> <b>Rutherford, NJ 07070</b>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am fully liable for the accuracy of the information stated in Sections 197.032 and 607.150B, Florida Statutes. I further certify that the information is included in this annual report or supplemental annual report as 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 or assignee of the corporation or the receiver or trustee or assignee of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report, or an attached report with an address.

SIGNATURE: **X** *John A. Vele* **JOHN A. VELE** 4/21/95 (20) 438-1400  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR